

Phil Norrey  
Chief Executive

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To: The Chair and Members of the  
Cabinet

County Hall  
Topsham Road  
Exeter  
Devon  
EX2 4QD

(See below)

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Your ref :  
Our ref :

Date : 1 February 2018  
Please ask for : Karen Strahan, 01392 382264

Email: karen.strahan@devon.gov.uk  
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## **CABINET**

**Friday, 9th February, 2018**

A meeting of the Cabinet is to be held on the above date at 10.30 am in the Committee Suite - County Hall to consider the following matters.

P NORREY  
Chief Executive

## **AGENDA**

### **PART I - OPEN COMMITTEE**

1 Apologies for Absence

2 Minutes

Minutes of the meeting held on 10 January 2018, (previously circulated).

3 Items Requiring Urgent Attention

Items which in the opinion of the Chair should be considered at the meeting as matters of urgency.

4 Announcements

5 Petitions

6 Question(s) from Members of the Council

## **FRAMEWORK DECISION**

### 7 Revenue Budget, Medium Term Financial Strategy 2018/2019 - 2021/2022 and the Capital Programme for 2018/2019 - 2022/2023

Report of the County Treasurer (CT/18/09) on the Council's Budget for 2018/2019 which will be circulated as soon as available, in expectation of the final local government settlement for 2018/19 being received in time allowing for proper analysis of that statement.

The Cabinet will accordingly consider:

*Electoral Divisions(s): All Divisions*

#### a Treasury Management Strategy

The Corporate Infrastructure and Regulatory Services Scrutiny Committee at its meeting on 31st January 2018 considered and endorsed the proposed Treasury Management and Investment Strategy for 2018/19 as set out in the County Treasurer's Report (CT/18/08) and to be embodied in the proposed budget papers below.

#### b Budget Consultations: Devon's Business Community, Representatives of Older People and the Voluntary Sector and Trades Unions and Results of the 'Tough Choices' online consultation and Town/Parish Council meetings (Pages 1 - 6)

Report of the County Solicitor (CSO/18/8) summarising responses and feedback received, attached.

#### c Scrutiny Committees' Recommendations (Pages 7 - 8)

Summary of the Recommendations of the Budget Scrutiny Committees (Children's Scrutiny, Health & Adult Care Scrutiny, and Corporate Infrastructure and Regulatory Services Scrutiny) held on 23<sup>rd</sup>, 25<sup>th</sup> and 31<sup>st</sup> January 2018 respectively, relating to the scrutiny of the proposed detailed budgets for 2018/19, attached.

#### d Other Committees' Recommendations/Comments (Pages 9 - 14)

Devon Education (Schools) Forum (Minute 62) – 15 January 2018, attached.

#### e Impact Assessments

In the exercise of its Public Sector Equality Duty, the County Council must have full regard to and consider the impact of any proposals in relation to equalities prior to making any decisions and any identified significant risks and mitigating action required. A copy of the impact assessments for the 2018/19 budget has been circulated separately for Members' attention at this meeting and is also available

at: <https://new.devon.gov.uk/impact/published/budget-impact-assessment-201819/>

alongside any specific quality impact assessments referred to and undertaken as part of the budget preparation, available at: <https://new.devon.gov.uk/impact/published>.

f Revenue Budget 2018/19, Medium Term Financial Strategy to 2021/22 and Capital Programme 2018/19 - 2022/23

Report of the County Treasurer (CT/18/09) (to follow) comprising:

Introduction	
Appendix A	- Specimen Statement on Robustness of Budget Estimates & adequacy of the County Council Reserves
Appendix B	- Revenue Budget 2018/19
Appendix C	- Summary Revenue Budget 2018/19
Appendix D	- Medium Term Financial Strategy 2018/19 -2021/22
Appendix E	- Risk Analysis of Volatile Budgets
Appendix F	- County Fund Balance and Earmarked Reserves for 2018/19
Appendix G	- Capital Programme 2018/19 - 2022/23
Appendix H	- Treasury Management Strategy & Prudential Indicators 2018/19 – 2022/23
Appendix I	- Fees and Charges

8 Admission & Education Transport Policies for 2018-19 and 2019-20 (Pages 15 - 28)

Report of the Head of Education and Learning (CS/18/09) on the approval to Admission & Education Transport Policies for 2018-19 and 2019-20, attached.

*Electoral Divisions(s): All Divisions*

9 Future Arrangements for 0-19 Public Health Nursing Services (Pages 29 - 110)

Joint Report of the Chief Officer for Communities, Public Health, Environment and Prosperity and the Chief Officer for Children's Services, on the outcome of the options appraisal and proposed recommendations for the provision of the 0-19 Public Health Nursing, attached.

An Impact Assessment is attached for the consideration of Members at the meeting.

Report of the Children's Scrutiny Committee and Health and Adult Care Scrutiny Committee Public Health Nursing Spotlight Review (CSO/18/9), to be read in conjunction with the Joint Report above, attached.

*Electoral Divisions(s): All Divisions*

10 Oaklands Park and Ratcliffe Schools, Dawlish: Joint Changes to Provision (Pages 111 - 130)

Report of the Head of Planning, Transportation and Environment (PTE/18/7) on approval for the merge of Oaklands Park and Ratcliffe Schools to provide a single provision across both sites for pupils aged 3-19 years, attached.

An Impact Assessment is attached to the reports pack.

*Electoral Divisions(s): Dawlish*

## **MATTERS REFERRED**

### 11 Exeter HATOC: (Residents Parking Working Group - Minute 38)

In considering the Report of the Chief Officer for Highways, Infrastructure Development and Waste which reported on the progress, conclusions and recommendations of the Residents Parking Working Group, the Exeter Highways and Traffic Orders Committee on 16 January 2018 had resolved (Minute 38) *'(d) that the Cabinet be requested that sufficient funds are provided from the On-Street Parking account to ensure the delivery of the Residents' Parking proposals for the City, detailed in the Working Party's Paper, as approved by this Committee'*.

**Recommendation** – that Cabinet take into account this referral from the Exeter HATOC at its meeting on 11 April 2017 when full consideration is given to the programme funded from the On-Street Parking account.

*Electoral Divisions(s): All in Exeter*

### 12 Children's Scrutiny Committee - Children's Social Care Site Visits (Minute 38) and Budget 2018/2019 (Minute 35a)

In considering the Report of the County Solicitor (CS/18/4) which reported on a number of matters, as a result of site visits to Children's Social Work offices in each of the four County localities, as part of ongoing work to monitoring the performance and effectiveness of the County Council's arrangements to protect and safeguard children in Devon from harm. The Committee had received the Report, noting key themes such as recruitment and retention difficulties, improvements in caseload management, placement sufficiency, support for care leavers, consistency in terms of family practitioners and CAMHS. The Committee had resolved *'that the Report be commended to Cabinet and the issues raised regarding car parking difficulties for Social Workers and Social Worker professional development be further reviewed'*.

Also, as part of the Budget debate and in considering the Report of the County Treasurer (CS/18/3) on the proposed budget for 2018/19, the Committee had resolved *'that social work training, professional development and opportunities for career progression are reviewed, investigating current schemes already in place at neighbouring authorities'*.

**Recommendation** – that Cabinet welcomes the Task Group's report, particularly noting the dedication and hard work of all staff. The Cabinet Member for Children's Services will take all appropriate action to ensure that the Council looks into the issue of car parking for those staff for whom this is a concern. In relation to the questions raised by the Task Group about entry into, and support for, qualifying social work professional training, continuing professional development and opportunities for career progression, Cabinet endorses the seriousness and importance of the matters raised. The social work profession is entrusted with the responsibility to ensure the safety and well-being of our most vulnerable children and young people. Cabinet notes that the senior leadership team in Children's Services is developing a Workforce Strategy that will address these matters. The Cabinet Member will satisfy himself that this work comes to fruition in a timely way and that Overview and Scrutiny have the opportunity to be involved in the development of the strategy.

*Electoral Divisions(s): All Divisions*

- 13 Health and Adult Care Scrutiny Committee - Spotlight Review NHS Inquiry (Minute 45) (Pages 131 - 148)

In considering the updated Report of the Spotlight Review (CSO/18/6), the Health and Adult Care Scrutiny Committee at its meeting on 25 January 2018 had resolved '(a) that the Cabinet and the NHS in Devon be requested to endorse the Report and its ambitions with the specific recommendations detailed in the Report with a report on progress against the spotlight review recommendations in six months' time and that the Report be sent to all Devon MPs; and (b) that this Scrutiny Committee does not, at this time, call for a public inquiry but will continue to monitor the impact of the STP and the move to an 'Accountable Care System'; and to support effective scrutiny, a report outlining the expectations on how health and social care services will be delivered and improved in Devon be requested for a future meeting.

#### **Recommendations**

(a) that the Health and Adult Care Scrutiny Committee be thanked for their Report and Cabinet endorses the recommendations therein. It further asks Cabinet Members, NHS and Chief Officers to take forward the proposed recommendations as outlined in the Report, noting that the Health and Adult Care Scrutiny Committee will review progress in six months;

(b) that a copy of the Report be sent to all Devon MP's; and

(c) that Cabinet notes the view of the Scrutiny Committee that, at this time, there is no call for a public enquiry and welcomes the further intention to monitor the impact of the STP and the move to an 'Accountable Care System'.

*Electoral Divisions(s): All Divisions*

#### **STANDING ITEMS**

- 14 Question(s) from Members of the Public

- 15 Minutes (Pages 149 - 154)

Minutes of the bodies shown below are circulated herewith for information or endorsement as indicated therein:

Devon and Exeter Rail Working Party – 19 January 2018  
Devon Education Forum – 15 January 2018 (except minute 62)

[NB: Minutes of [County Council Committees](#) are published on the Council's Website:  
Minutes of the [Devon Education \(Schools\) Forum](#):  
Minutes of the [South West Waste Partnership](#)  
Minutes of the [Devon & Cornwall Police & Crime Panel](#)

*Electoral Divisions(s): All Divisions*

- 16 Delegated Action/Urgent Matters (Pages 155 - 156)

The Registers of Decisions taken by Members under the urgency provisions or delegated powers will be available for inspection at the meeting in line with the Council's Constitution and Regulation 13 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012. A summary of such decisions taken since the last meeting is attached.

*Electoral Divisions(s): All Divisions*

17 Forward Plan (Pages 157 - 166)

In accordance with the Council's Constitution, the Cabinet is requested to review the list of forthcoming business (previously circulated) and to determine which items are to be defined as key and/or framework decisions and included in the Plan from the date of this meeting.

[NB: The Forward Plan is available on the Council's website at: <http://democracy.devon.gov.uk/mgListPlans.aspx?RPId=133&RD=0&bcr=1> ]

*Electoral Divisions(s): All Divisions*

**PART II - ITEMS WHICH MAY BE TAKEN IN THE ABSENCE OF THE PRESS AND PUBLIC**

18 Exclusion of the Press and Public

Recommendation: that the press and public be excluded from the meeting for the following items of business under Section 100(A)(4) of the Local Government Act 1972 on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Schedule 12A of the Act namely, the financial or business affairs of a third party and of the County Council and in accordance with Section 36 of the Freedom of Information Act 2000, by virtue of the fact that the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

**KEY DECISIONS**

19 Investment in Exeter Science Park

*[An item to be considered by the Cabinet in accordance with the Cabinet Procedure Rules and Regulation 5 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 no representations having been received to such consideration taking place under Regulation 5(5) thereof]*

Report of the Chief Officer for Communities, Public Health, Environment and Prosperity, (EES/18/3). The Report will follow.

*Electoral Divisions(s): All in Exeter*

*Notice of all items listed above have been included in the Council's Forward Plan for the required period, unless otherwise indicated. The [Forward Plan](#) is published on the County Council's website.*

*Notice of the decisions taken by the Cabinet will be sent by email to all Members of the Council within 2 working days of their being made and will, in the case of key decisions, come into force 5 working days after that date unless 'called-in' or referred back in line with the provisions of the Council's Constitution. The Minutes of this meeting will be published on the Council's website, as indicated below, as soon as possible.*

*Members are reminded that Part II Reports contain confidential information and should therefore be treated accordingly. They should not be disclosed or passed on to any other person(s).*

*Members are also reminded of the need to dispose of such reports carefully and are therefore invited to return them to the Democratic Services Officer at the conclusion of the meeting for disposal.*

**Membership**

Councillors J Hart (Chair), S Barker, J Clatworthy, R Croad, A Davis, S Hughes, A Leadbetter, J McInnes and B Parsons

**Cabinet Member Remits**

Councillors Hart (Policy & Corporate), Barker (Economy & Skills), Clatworthy (Resources & Asset Management), Croad (Community, Public Health, Transportation & Environmental Services), Davis (Infrastructure Development & Waste), S Hughes (Highway Management), Leadbetter (Adult Social Care & Health Services), McInnes (Children's Services & Schools) and Parsons (Organisational Development & Digital Transformation)

**Declaration of Interests**

Members are reminded that they must declare any interest they may have in any item to be considered at this meeting, prior to any discussion taking place on that item.

**Access to Information**

Any person wishing to inspect the Council's / Cabinet Forward Plan or any Reports or Background Papers relating to any item on this agenda should contact Karen Strahan, 01392 382264. The Forward Plan and the Agenda and Minutes of the Committee are published on the Council's Website and can also be accessed via the Modern.Gov app, available from the usual stores.

**Webcasting, Recording or Reporting of Meetings and Proceedings**

The proceedings of this meeting may be recorded for broadcasting live on the internet via the 'Democracy Centre' on the County Council's website. The whole of the meeting may be broadcast apart from any confidential items which may need to be considered in the absence of the press and public. For more information go to: <http://www.devoncc.public-i.tv/core/>

In addition, anyone wishing to film part or all of the proceedings may do so unless the press and public are excluded for that part of the meeting or there is good reason not to do so, as directed by the Chair. Any filming must be done as unobtrusively as possible from a single fixed position without the use of any additional lighting; focusing only on those actively participating in the meeting and having regard also to the wishes of any member of the public present who may not wish to be filmed. As a matter of courtesy, anyone wishing to film proceedings is asked to advise the Chair or the Democratic Services Officer in attendance so that all those present may be made aware that is happening.

Members of the public may also use Facebook and Twitter or other forms of social media to report on proceedings at this meeting. An open, publicly available Wi-Fi network (i.e. DCC) is normally available for meetings held in the Committee Suite at County Hall. For information on Wi-Fi availability at other locations, please contact the Officer identified above.

**Questions to the Cabinet / Public Participation**

A Member of the Council may ask the Leader of the Council or the appropriate Cabinet Member a question about any subject for which the Leader or Cabinet Member has responsibility.

Any member of the public resident in the administrative area of the county of Devon may also ask the Leader a question upon a matter which, in every case, relates to the functions of the Council. Questions must be delivered to the Office of the Chief Executive Directorate by 12 noon on the fourth working day before the date of the meeting. For further information please contact Karen Strahan on 01392 382264 or look at our website at: <http://new.devon.gov.uk/democracy/guide/public-participation-at-committee-meetings/>

**Emergencies**

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Induction loop system available

## **NOTES FOR VISITORS**

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The nearest mainline railway stations are Exeter Central (5 minutes from the High Street) and St David's and St Thomas's both of which have regular bus services to the High Street. Bus Service H (which runs from St David's Station to the High Street) continues and stops in Wonford Road (at the top of Matford Lane shown on the map) a 2/3 minute walk from County Hall, en route to the RD&E Hospital (approximately a 10 minutes walk from County Hall, through Gras Lawn on Barrack Road).

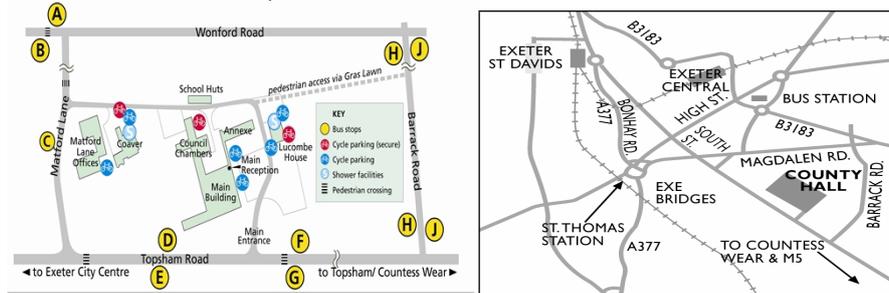
### **Car Sharing**

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### **Car Parking and Security**

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**NB**   Denotes bus stops

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### **First Aid**

Contact Main Reception (extension 2504) for a trained first aider.

## **COUNTY COUNCIL BUDGET CONSULTATION 2018/19 WITH DEVON'S BUSINESS COMMUNITY, REPRESENTATIVES OF OLDER PEOPLE AND THE VOLUNTARY SECTOR AND TRADE UNIONS**

- 1.0 Recommendation:** that the contents of the report and the representations of the consultees be noted.
- 2.0 Introduction**
- 2.1 The Leader of the Council, Group Leaders and other Members and officers met with the representatives of the Business Community, organisations which champion the cause of older people and the voluntary sector, and Trade Unions. This was to discuss the County Council's budget for 2018/19 in line with statutory requirements and previous good practice.
- 3.0 Budget Consultation with Parish and Town Councils**
- 3.1 The Leader of the Council attended 8 local meetings during October and December 2017 as part of the budget consultation process. These were based on existing Town and Parish Cluster meetings or similar and held in Barnstaple, Exeter, Holsworthy, Tiverton, Sidmouth, Totnes, Newton Abbot and Okehampton. The meetings were attended by a total of approximately 250 local representatives.
- 3.2 All meetings were shown or given prior access to a short video animation showing the current budget position prior to the meeting. At each meeting the Leader gave a short presentation of key issues affecting the Council before inviting open questions.
- 3.3 The key themes to emerge included: Highway maintenance, pothole reporting and attention to minor rural roads; School funding, impact of academies, new school planning and support for children with Special Educational Needs; Broadband roll-out and poor mobile phone coverage; Concerns over the impact of development on issues such as lack of infrastructure and flood risk.
- 3.4 Other issues raised included: Possible opportunities as a result of the Business Rate pilot; Greater delegation of powers and funding, the potential of community self-help and volunteering, and better use of Tradeshow Access Programme funds; Care home sufficiency; 20mph speed limits; Concerns over missed opportunities for prevention and early help as a result of youth provision changes.
- 3.5 Issues and suggestions related directly to the budget and efficiency included: The sale of assets and need to ensure this is done carefully; the need to raise Council tax and local precepts to fund essential local services; Use of reserves; The potential for greater lobbying of Government to push for more resources and to ensure Devon is treated fairly.

# Agenda Item 7b

## **4.0 Budget Presentation**

- 4.1 The Deputy County Treasurer gave a presentation on the 2018/19 budget at each of the three consultative meetings.
- 4.2 The presentation first reflected upon the impact of the Comprehensive Spending Review outlining the significant changes to the way in which Local Government was funded. The reduction in core funding from 2010/2011 to 2017/18 was outlined in terms of the cash reduction year on year and also the real term cumulative impacts on the Council.
- 4.3 The presentation also highlighted the current position in terms of the revenue budget for 2017/18 and the reserves and balances in terms of the County fund and the earmarked reserves. The earmarked reserves of Devon County Council were compared with the reserves of other English County Councils. The funding available to the County Council from 2017/18 to 2019/20 through the Improved Better Care Fund, and how this is accessed, was also outlined.
- 4.4 Looking forward to 2018/2019 and beyond, the Autumn Statement (published on 22 November 2017) outlined changes to the business rates annual inflationary increase, the Council Tax on empty properties, and the National Living Wage, but contained very little other detail relevant to local government. The Provisional Settlement (announced on 19 December 2017) gave details of year three of the four year funding settlement which saw core funding reduced by £13.1 million, equivalent to almost 10.2%. The Adult Social Care Precept rules remain unchanged from 2017/18, but the basic increase in Council Tax that will trigger a referendum will increase from the current level of 2% to 3%. The New Homes Bonus Scheme for 2018/19 will remain largely unchanged.
- 4.5 The presentation underlined how Devon's bid for the Business Rates Pilot had been successful. Although final figures will not be known until May 2019, there is an estimated benefit of approximately £17 million across Devon including £10 million to the County Council.
- 4.6 Finally, the presentation outlined the budget targets for 2018/19 and the budget timetable. As part of these budget targets, a 6.1% increase in spending on Adult Care and Health and a 5.5% increase on Children's Services were highlighted.

## **5.0 Representatives of the Business Community: 16 January 2018**

- 5.1 Businesses and organisations represented at this meeting included George Cowcher (Devon Chamber of Commerce), Roberto Franceschini (UNISON Retired Members), Edward Humber (NFU South West), Colin Lomax (UNISON Retired Members), Dirk Rohwedder (SEEDBED - the Social Accelerator School for Social Entrepreneurs Dartington), Martha Wilkinson (Chief Executive at Devon Community Foundation), and Sue Wilkinson (Federation of Small Businesses).

5.2 Issues and questions raised by the group and discussed with County Council representatives included:

- clarification on the additional Council Tax element, the Council's private finance initiative agreements (PFIs), and the County Council's relationship with Carillion;
- the Council's position regarding on street parking charges;
- the Council's position on raising income through property investment;
- clarification of the Business Rates Pilot, noting that 100% of business rates growth would be retained by local authorities;
- the Council's relationship with The Heart of the South West (HotSW) LEP and plans for economic growth;
- the impact of future reductions to the Council budget;
- clarification of the Council's position with debts;
- the Council's position regarding the tax on empty homes;
- a concern that Council finances could be affected by the loss of EU funding;
- clarification on levels of grant income for 2017/18.

## **6.0 Representatives of Older People and the Voluntary Sector: 17 January 2018**

6.1 Representatives at this meeting included Alan Hughes (Chair of Devon Parent Carers Voice), Andrea Scott (Age Concern Barnstaple and District), Andrew Tull (Age Concern), Andy Hunt (Intercom Trust), Colin Bray (Libraries Unlimited), Dave Hillman (Age Concern Barnstaple and District), David Incoll (CAB Devon), Diana Crump (Living Options Devon), Elaine Cook (Devon Communities Together), Geoff Goldsworthy (Age Concern Barnstaple and District), Julie Paget (Plymouth and Devon Racial Equality Forum), Kay Yendall (Newton Abbot Community Transport Association), Marillion Spencer (Estuary League of Friends), Mr Graham Fice (Action East Devon), Nicola Jeffryes (Fawcett Devon), Revd Iain McDonald (Devon Faith & Belief Forum and Equality Reference Group), and Shirley Fewings (Assist Teignbridge).

6.2 Issues and questions raised by the group and discussed with County Council representatives included:

- the quality of the relationship between health and care services in Devon;
- clarification on what the Council's spending on Corporate Services incorporates;
- a concern that the Council's Community Insight Service under represents younger adults and the impact this may have on decision making;
- the challenges the Council faces in terms of revenue from business rates in a County where there are many smaller businesses;

# Agenda Item 7b

- the issue that some residents on lower incomes are unable to meet increases in Council Tax and clarification of the measures local authorities take to support these residents;
- the financial challenges posed to charitable organisations by demographic changes in Devon and whether the 6.1% increase in spending on Adult Care and Health would be used to support these organisations;
- a concern that the work of voluntary organisations could be affected by the reduction in the Council's Highways and Infrastructure funding announced for 2018/19 and by business rate tax;
- the importance of sustained partnership between the voluntary sector and the County Council in meeting the needs of people in Devon and reassurance that the Council will continue to support voluntary organisations;
- the nature of central government funding for Devon.

## **7.0 Representatives of Trade Unions: 17 January 2018**

7.1 Representatives at this meeting included Andy Bowman (UNISON), Trevor Cope (ATL), Darienne Flemington (UNISON), Tim Hodge (Devon NUT), and Nigel Williams (Devon NASUWT).

7.2 Issues and questions raised by the group and discussed with County Council representatives included:

- the situation regarding teacher's projected pay awards, the Exeter School's PFIs, and the High Needs Block;
- clarification of the Council Tax rise outlined by the Council, including the social care precept element;
- the increase in the Children's Services budget and where this money will be allocated;
- the Council's position on funding from reserves;
- clarification of the Business Rates Pilot Scheme and the revenue Devon is likely to gain from this;
- the Council's position regarding any planned reductions to County Council staff numbers in the current year;
- Elaboration on how weather conditions in Devon can affect waste disposal costs for the County Council;
- clarification of how the Council will meet the cost pressures posed by the National Living Wage.

## 8.0 Conclusion

The consultations carried out provided a positive opportunity for the people of Devon to specify their priorities in future service delivery, particularly in times of austerity where difficult choices have had to be made. The data collected and feedback received provides a valuable snapshot of current opinion on where resources should and should not be allocated in future.

Jan Shadbolt, County Solicitor

### **ELECTORAL DIVISIONS: ALL**

#### Local Government Act 1972: List of Background Papers

Contact for Enquiries: V Church (01392) 383691  
Room: G31

<u>Background Paper</u>	<u>Date</u>	<u>File Reference</u>
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Nil



## Scrutiny Budget recommendations

1. Scrutiny Committees' note the Government's provisional financial settlement and the spending targets determined by the Cabinet, expressing concern nonetheless at the continuing financial pressure faced by local authorities and the potential consequences on the ability of the Council to do what matters for the citizens of Devon;
2. Scrutiny welcomes the County Councils successful application to be one of the ten 2018/19 business rate retention pilots, with the estimated benefit to the wider Devon area of just under £17 millions and asks that Cabinet continues to press for clarity over funding arrangements for local government for 2019/20 and beyond;
3. Scrutiny welcomes the endeavours undertaken by this Council to achieve fairer funding for children in schools across Devon but ask Cabinet to continue to pursue this matter until funding for education is equitable with other similar local authorities;
4. Ask that the Cabinet continue to monitor the sufficiency and financing of appropriate placements for children in care both locally and nationally, particularly those meeting the needs of children with complex needs;
5. Request that the Cabinet maintain the commitment of the Council that adverse impacts for foster carers arising from the re-structure of fostering fees, will be eliminated in the short term thus minimising any risk of de-stabilising children currently in placement. To ensure that current placements will not be adversely affected. Furthermore, that the changes, which are currently being negotiated with foster carers, once finalised through Cabinet, will be designed and introduced in ways that minimise any potential impact;
6. That the Cabinet continue to press Government through Devon MPs for a fair funding allocation for Devon for Public Health in recognition of the importance of the prevention agenda;
7. That Scrutiny draws to Cabinet and Devon's MPs attention grave concerns about the impact of the cuts to the public health budget in particular:
  - (i) the potential loss of 30 FTE health visitors from public health nursing;
  - (ii) the anticipated significant impact to young people's mental health from the £223,000 reductions in spend on Public Mental Health at a time when anxiety and depression is increasing;
8. That the Cabinet be requested to support an allocation of money from the Sustainability and Transformation Partnership to continue to support Public Mental Health;
9. That Scrutiny welcomes the additional monies of £10.148 millions from the Better Care Fund but records concerns about the longevity of this funding beyond 2020;

# Agenda Item 7c

10. Ask Cabinet to identify additional resource in the Highways and Traffic Management budget to prioritise preventative work on drainage to include gully emptying and cleaning; as well as ditching
11. That Cabinet consider the balance of approach taken on preventative highways maintenance acknowledging the impact this has on the repair of defects in lower category rural and urban estate roads and that funding is made available to achieve this request.
12. Re-iterate the need for Cabinet to satisfy itself that all risk and impact assessments continue to be updated and are compiled with the evidence gathered during this budget preparation exercise and any subsequent engagement processes to support the proposed way forward; and
13. That the Cabinet satisfy itself that the budgets prepared on the basis of its approved targets are indeed sufficient to meet the demands placed on those services and that the apportionment of resources between the various services is appropriate and proportionate.

## DEVON EDUCATION FORUM

15 January 2018

### Present:-

#### Schools Members

##### Primary School Head teachers

Mr J Bishop  
Mr A Dobson  
Mr J Stone  
Mr M Boxall

Cornerstone Academy Trust (*Academy Member*)  
Marwood Primary  
Denbury Primary  
Exeter Countess Wear

##### Primary School Governors

Mrs A Blewett  
Mr M Dobbins  
Ms M Wallis  
Mr A Walmsley

Kings Nympton Primary  
Exmouth Marpool Primary  
Whimble School (**Chair**)  
First Federation (*Academy Member*)

##### Secondary School Head teachers

Mr R Haring  
Ms M Marder  
Mrs J Phelan

Ivybridge CC (*Academy Member*)  
The Ted Wragg Multi Academy Trust (*Academy Member*)  
Culllampton CC

##### Secondary School Governors

Ms J Elson  
Mr T Newman  
Mrs T Sturtivant

Exmouth CC (*Academy Member*)  
Chulmleigh Academy (*Academy Member*)  
Tiverton High

##### Nursery School

Mrs S Baker

Westexe

##### Special School HeadTeacher

Ms B Caschere

Exeter Southbrook School

##### Special School Governor

Mrs F Butler

Marland School

##### Non-Schools Members

Ms B Alderson  
Mrs S Barnett  
Mr A Donkin

Teachers Consultative Committee  
Early Years Private, Voluntary & Independent  
ERADE -16-19

##### Formal Observer

Councillor J McInnes

Cabinet Member – Children, Schools and Skills

*(Substitute members observing only:*

*Mr G Roscoe maintained secondary HT, Mrs L Wright EYPVI)*

##### Apologies

Ms S Acland  
Mr B Blythe  
Mrs J Larcombe  
Mr M Shanks

Devon Schools Academy (Alternative Provision)  
PETROC – 16-19  
Uffculme Academy  
Education South West (*Academy member*)

# Agenda Item 7d

DEVON EDUCATION FORUM  
15/01/18

## 59 Minutes

### DECISION:

That the minutes of the meeting held on 23 November 2017 be signed as a correct record.

## 60 Matters Arising from the Last Meeting and Report back on Issues Raised with Cabinet

In relation to DEF minute 56 (c) and (d), 23 November 2017, the Head of Education & Learning reported that:-

- a recruitment review for Maths teachers was being undertaken by Sub Region D partners (Devon Cornwall, Plymouth and Torbay, RSC and LA) and was being considered by Devon Schools Alliance;
- Children & Young People bullying survey question phrasing and responses had been further considered.

## 61 Head of Education & Learning Update

### DISCUSSION:

The Head of Education & Learning reported on:-

(a) A short survey on speech and language would be sent to Headteachers to complete to inform a project/commissioners reviewing current service and any improvements for the future.

(b) Meeting with Devon MPs, Westminster, 16 January 2018

The Head of Education & Learning sought comments on a draft (tabled) DCC Parliamentary and Member Briefing Note on the DSG Funding – impacts and challenges. The meeting was to further discuss funding allocations to LAs notified December 2017 and the new National Funding Formula and to seek fair and equitable funding for Devon, which when compared against the national average and higher funded London LAs with high/low levels of Additional Education Needs, Devon continued to be significantly underfunded.

Members comments included:-

Financial effects on schools over past 24 months and anticipated increases to be highlighted;  
Funding required to bring Devon up to national average (increase of £268 per pupil);  
Devon needed an additional £4m for High Needs Block to stand still;  
Unintended consequences and impact on schools of decisions taken in other areas of government;  
Devon schools being unable to manage further reductions after long term decline;  
Therapeutic services must be provided for children to prevent larger numbers of children out of school/with mental health conditions but such issues should be funded elsewhere eg from social care;  
Social mobility/rurality meant Devon had significant diseconomies of scale in services provision and accessibility;  
Significant impact on support staff supporting SEN/mental health;  
Positive practice from Work Less Campaign.

## **DECISION:**

that the Head of Education & Learning include members comments in the meeting with Devon MPs and circulate the final Briefing Note to Forum members for information.

## **ACTION:**

Head of Education & Learning (Dawn Stabb)

62

## **Finance Update**

### **DISCUSSION:**

The Forum received the report of the Chief Officer for Children's Services and County Treasurer (DEF/18/01).

The Forum also noted the respective minutes of the Schools Finance Group (SFG) of 3 January 2018.

The report (DEF/18/01) covered:-

Dedicated Schools Grant (DSG) 2018/19 Budget Planning  
Schools Block 2018/19  
High Needs Block 2018/19  
Early Years Block 2018/19  
Central School Services 2018/19  
Other Schools Grants 2018/19  
Month 8 DSG Budget Monitoring Position 2017/18

Month 8 DSG budget monitoring of High Needs (paragraph 1.4) continued pressures currently forecasting £2.823m overspend for 2017/18. Members were concerned that all Forum members (and not just the Schools Finance Group (SFG)) should be kept more fully informed on an ongoing basis of the effect of management action and whether savings were being met, together with plans to reduce the overspend and private sector provision. A Management Action plan/savings plan was currently being put together for 2018/19.

DAPH specifically requested that the Management Action Plan outlining the proposed £1.9M savings in the High Needs Block with evidence of savings planned or achieved be brought to DEF at the next meeting and as a standing item at future meetings going forward to enable the Forum to have oversight of Management Actions to evidence progress against Plan and its effectiveness.

Some SFG members commented that although recognising a balanced budget had to be set there was concern this may not be met and commented on additional pressure from post 19 High Needs young people.

Whilst recognising the need to keep all Forum members informed an appropriate balance of detail was needed with drilling down continuing by SFG. SFG would continue to make recommendations as appropriate to the Forum.

### **DECISION:**

(a) that the Dedicated Schools Grant (DSG) 2018/19 announcement on 19 December 2017 as set out in section 1 of report (DEF/18/01) be noted;

(b) that the Schools Block, High Needs Block and Early Years Block for 2018/19 as set out in sections 2 to 6 of the report be noted;

(c) that month 8 DSG monitoring position as set out in sections 7 of the report be noted;

# Agenda Item 7d

DEVON EDUCATION FORUM  
15/01/18

(d) that DEF be regularly and more fully updated in relation to the overspend and High Needs pressures, but with detailed consideration continuing by SFG;

(e) that the Head of Education & Learning respond separately to the 16-19 representatives regarding post-16 High Needs.

## **ACTION:**

County Treasurer (Adrian Fox) (c);  
Head of Education & Learning (Dawn Stabb) (d).

## **63 Children's Centres (Update on Contract)**

### **DISCUSSION:**

A briefing paper was tabled updating schools on the recent appointment of Action for Children to run Devon's Children's Centres from April 2018. This followed a competitive tendering process and was set against a reducing Government grant, with budgets reducing from £10.3m in 2010 to £5.8m by 2019. This had been achieved through efficiencies in accommodation and structure for leaner services. The new contract was 3 years +1 +1. There would be a transition period in Year 1 whilst current universal services were reduced so the increase in support to the older age range (5-8 year olds) could be tapered in over the year. This supported the Children's Centres Government priority targeting Early Help and vulnerable families.

Children's Centres would continue "open door" support to families especially those in need of improving their chances of employment and would be working with local groups to support their communities.

## **64 Virtual School Annual Report, Attainment and Achievement 2017 (Devon's Looked After Children)**

The Forum received the report of the Head of Education and Learning (DEF/18/02) on (unvalidated) data against previous years and national benchmarks (excepting significant changes in Key Stage 4 this year made comparison with previous years not possible). National Council for Education Research (NCER) statistics just released to LAs were not released publicly by the DfE until end March 2018. However Devon's picture for CiC was mainly positive.

### **DECISION:**

That the Summary table (on page 3 of 28) also include all children and be circulated to Forum members.

### **ACTION:**

Head of Education & Learning (Dawn Stabb)

## **65 Standing (and other) Groups**

The Forum received the following minutes of its standing groups:-

### **(a) Schools' Finance Group (SFG)**

Minutes of the meeting held on 3 January 2018 (considered under Finance Update minute above)

**DECISION:**

that the Growth Fund be discussed at the next meeting of SFG.

**ACTION:**

Head of Education & Learning (Heather Bingham)

(b) School Organisation, Capital and Admissions (SOCA)

Minutes of the meeting held on 9 January 2018.

**66**

**Dates of Future Meetings**

At 10am at County Hall, Exeter:-

Wed 21 March 2018

Wed 20 June 2018

Wed 17 October 2018

Wed 23 January 2019

Wed 20 March 2019.

The Meeting started at 10.30 am and finished at 11.50 am

The Schools Forum web is [www.devon.gov.uk/schoolsforum](http://www.devon.gov.uk/schoolsforum)

# Agenda Item 7d

## ADMISSION & EDUCATION TRANSPORT POLICIES FOR 2018-19 AND 2019-20

### Report of the Head of Education and Learning

*Please note that the following recommendations are subject to approval by the Cabinet and confirmation under the provisions of the Council's Constitution before taking effect.*

1. Note the admission arrangements were proposed and consulted on by the Local Authority;
2. Determine the Normal Round Co-Ordinated Admissions Scheme for 2019-20, the In-Year Co-Ordinated Admissions Scheme for 2018-19, the Education Transport Policy for 2019-20 and the Fair Access Protocol, for implementation from the summer term 2018 with amendments summarised at **section 2**, all policies published at <http://devon.cc/lapolicies>
3. Approve the admissions cycle timetable drawn up for the following year's admissions arrangements cycle, set out at **Appendix Three**.

### 1. PURPOSE OF REPORT

- 1.1 The Local Authority (LA) has a statutory responsibility to propose, consult on and determine admission arrangements for community and voluntary controlled (VC) schools and co-ordinated admission schemes for the normal round of admissions to all state-funded schools. Consultation in Devon is held ahead of the statutory deadline for annual determination by Cabinet. Schools that are their own admissions authority are responsible for their own arrangements and determined by the schools themselves.
- 1.2 This paper is to report the outcome of the consultation on primary and secondary school admission arrangements for 2019-20 and the co-ordination of primary and secondary school admissions and to seek approval to the schemes. Admission to special schools and fee-paying independent schools is not included.
- 1.3 This paper also proposes the Education Transport Policy for 2019-20.

### 2. RECOMMENDATIONS

- 2.1 Members are requested to consider the Normal Round Co-Ordinated Admissions Scheme for 2019-20 and the In-Year Co-Ordinated Admissions Scheme for 2018-19 and to:
  - a) approve the Published Admission Numbers for community and VC schools for 2019-20 set out at **Appendix One**.
  - b) approve the catchment areas for community and VC schools for 2019-20 set out at **Appendix Two**.
  - c) approve the amendments to both co-ordinated admissions schemes, detailed at **Appendix Four**.
  - d) approve the amendments the Fair Access Protocol detailed at **Appendix Five**.

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- 2.2 Members are requested to consider the Education Transport Policies for 2019-20 and to approve the amendments detailed at **section 6.1**

## 3. CONSULTATION ON ADMISSION ARRANGEMENTS

- 3.1 The LA is required to consult on its admission arrangements and to determine them by 28 February each year. The LA consulted on the proposed admission arrangements for community and VC schools for which it is the admissions authority and on the proposed co-ordinated admission schemes for primary and secondary schools. Where a school converts to academy status after determination, the published admission arrangements for them will remain in place.

- 3.2 Consultation took place from the beginning of November 2017 on the admission arrangements. It was open to own admission authority schools to participate in the LA consultation, including academies through an Admissions Traded Service. Joint consultation is intended to place as many admission arrangements in one place as possible for the benefit of consultees.

- 3.3 An email was sent to schools at the beginning of November 2017, notifying them that the consultation website was live. Details of the consultation were also sent electronically to all neighbouring LAs and the Church of England and Roman Catholic Dioceses, relevant Trades Unions, local Members of Parliament, community groups and Early Years settings.

- 3.4 The consultation website set out all aspects of the proposed admission arrangements and enabled schools and other consultees to respond to the proposals online via email direct to the LA. Responses were required by 5 January 2018 in order to allow consultees time in which to respond.

- 3.5 The following were also used to publicise the consultation:

- An advert placed in the first edition of the Western Morning News in November 2017
- Devon County Council website
- Devon's "Have Your Say"

- 3.6 All community and voluntary controlled schools were sent a link to an admissions policy document for the school for 2019-20, drafted on the same lines as those for own admission authority schools.

- 3.7 The number of responses received remains low. A number of responses were received with regard to specific, local admissions issues, detailed at [www.devon.gov.uk/admissionarrangements](http://www.devon.gov.uk/admissionarrangements) This is in common with neighbouring LAs.

## 4. CO-ORDINATED ADMISSION ARRANGEMENTS 2018-19

- 4.1 The LA is required under the School Admissions Code to co-ordinate all normal round admissions to state-funded schools. The LA has consulted annually on co-ordinated admissions schemes for primary and secondary schools; the proposed scheme for 2018-19 was a combined scheme for the Normal Round of Admissions into all state-funded schools. Normal round is the first opportunity to be admitted into any school, such as at the beginning of Reception, Year 3 for junior schools and Year 7 for secondary schools. It also includes Year 7 for all-through schools. It brought forward the arrangements from the previous academic year, with some amendments, detailed at **Appendix Four**. On average, the co-ordinated schemes manage 7,500 primary admissions, 7,000 secondary admissions and 6,500 in year admissions each year.

- 4.2 Devon's arrangements oversaw 14,706 applications for Devon-resident children for the 2017-18 normal round of admissions when 95.8% of 7057 applicants for secondary transfer were offered their first preference school and 98.8% were offered one of their preferences. For admissions into the Reception class, 96.1% of 7649 were offered their first preference school and 98.9% were offered one of their preferences. For in-year admission, 90% of 4975 applications for children living within and outside Devon were offered their first preference and 97% were offered one of their preferences.
- 4.3 The LA is not required to co-ordinate in-year admissions to all state-funded schools. It is required to manage in-year applications for community and VC schools and extends this facility to all state-funded schools. The purpose is to enable parents to apply for more than one school at the same time and promote a fair, transparent and lawful admissions process for all children in the county. By doing so, the LA seeks to minimise instances where children are missing education and ensure compliance against the code. The LA has consulted annually on an in-year co-ordinated admissions scheme; the proposed scheme for 2018-19 was brought forward from the previous academic year.
- 4.4 Published Admission Numbers (PANs) were proposed for community and VC schools, taking into account the accommodation available, expected local demand, sensible organisation and the constraints of Key Stage One Class Size Legislation and the flexibility to increase PANs where this becomes necessary. The proposed PANs are listed at **Appendix One** and can be found in the individual admissions policy document for each school at <http://devon.cc/schoolpolicy>
- 4.5 The proposed catchment areas for community and VC schools were brought forward from the previous academic year with no amendments. During the consultation, one community school proposed an amendment to its catchment. There was insufficient time to fully consider this proposal and it has been agreed to consider the proposal ahead of the next consultation round. Details can be found at **Appendix Two**.
- 4.6 The LA's Fair Access Protocol provides for vulnerable children who otherwise would be out of school. It is continually reviewed in consultation with Devon schools and must reflect local circumstances. As determined by Cabinet in February 2017, representatives of Devon schools were invited to review the Protocol. LA officers discussed the Protocol with representatives of the Devon Association of Primary Head teachers, Devon Association of Secondary Head teachers and the Devon Association of Governors. A revised Protocol was considered and endorsed by the School Organisation, Capital and Admissions Group and was distributed to all schools for comment.
- 4.7 The primary and secondary co-ordination schemes have statutory deadlines. They must be determined in February ahead of applications in September for admission the following September. This has been taken into account in a timetable for the admissions process which is detailed at **Appendix Three**.

## 5. OWN ADMISSION AUTHORITY SCHOOLS

- 5.1 Many schools in Devon are responsible for their own admissions policy and decisions in response to admissions applications. These are academy, free, studio, voluntary aided and foundation schools and university technical colleges (UTCs). At the time of drafting there were:

Academy schools

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Community schools	103
Foundation schools	35
Free schools	5
Studio schools	1
University Technical College	1
Voluntary Aided	35

- 5.2 LAs have a responsibility under the School Admissions Code to collate and publish the admission arrangements of all schools, including these own admission authority schools. Devon meets this requirement and reviews the policies of all schools to ensure that they are legally compliant. Where it identifies that any part of a school's admission arrangements may be unlawful, it will raise the issue with the school's admissions authority and seek amendments to make the arrangements lawful. Where agreement is not reached, it will reach a decision on whether to formally object to the arrangements to the Office of the Schools' Adjudicator.

The first stage of the compliance process is to work closely with own admission authority schools with their admissions policies. Where amendments are made to policies for community and VC schools, they are recommended to all own admission authority schools.

## 6. EDUCATION TRAVEL ARRANGEMENTS

- 6.1 In previous years, the Education Transport Policy has been included in the admissions consultation and Members have been requested to consider them at the same time. The arrangements proposed for 2019-20 for statutory age children and Post-16 students are those previously determined for 2018-19 with changes proposed to wording to improve understanding, indicated by tracked changes.

## 7 FINANCIAL CONSIDERATIONS

- 7.1 There are no direct financial considerations of this report however as the numbers of own admissions schools increase, Devon will need to continue to develop its Admissions Traded Service offer.

## 8 SUSTAINABILITY CONSIDERATIONS

- 8.1 The admissions policy supports the principle of providing local places for local schools.

## 9 EQUALITY CONSIDERATIONS

- 9.1 Equality of access to education opportunities is a fundamental feature of school admission arrangements. All policies for consideration have been subject to an Equality Impact Needs Assessment, at [www.devon.gov.uk/admissionarrangements](http://www.devon.gov.uk/admissionarrangements)
- 9.2 Increasingly in a more autonomous school system, LAs will need to ensure schools comply with the admissions code and be prepared to challenge practice that is neither legal nor inclusive.

## 10 LEGAL CONSIDERATIONS

- 10.1 School admission arrangements are a statutory function of the LA. Setting fair, transparent and legal co-ordinated admission arrangements ensures that the LA meets its duty and enables parents, schools and other interested parties to have confidence in them.
- 10.2 The admission arrangements have been proposed and the subject of consultation under requirements of the statutory School Admissions Code 2014. Arrangements must be

determined by the LA by 28 February and must be compliant with the statutory requirements of the Code. The amendments to policies are compliant with the Code.

## **11 RISK MANAGEMENT CONSIDERATIONS**

- 11.1 The key risk is that admission arrangements are not determined by the statutory date of 28 February. This would mean that the LA was not compliant with the requirements of the Code. It would be liable to censure from the Department for Education and the Office of the Schools' Adjudicator (OSA).
- 11.2 By not determining compliant arrangements, Devon parents and schools would be a) unable to plan effectively for the next school admissions round in 2019-20, applications for which will open in the autumn 2018 or b) to effectively plan for in-year admissions during 2018-19. Further, c) the Fair Access Protocol would not meet the changing needs of parents, children, schools and the LA across the county. This would be a failure of the LA to formulate and manage a fair and transparent admissions system. Furthermore, Devon's neighbours would have cause for concern that Devon may not meet its duty to co-ordinate arrangements for admissions across local authority boundaries. Action on the recommendations addresses this risk.

## **12. CONCLUSION**

- 12.1 The LA has more than one role in school admissions. It must set admission arrangements for those schools where it is the admissions authority and it must manage normal round admissions for all state-funded schools and children within its area. Where it believes that the arrangements for own admission authority schools are unlawful, it has a further duty to seek a local agreement for them to be lawful or make a formal objection.

The recommendations in this paper will ensure Devon County Council meets its statutory responsibilities in respect of school admissions.

**Dawn Stabb**  
**Head for Education and Learning**

**ELECTORAL DIVISION:** All

Cabinet Member for Children, Schools and Skills: Councillor James McInnes

Contact for enquiries: Andrew Brent, Education and Learning Policy Officer 01392 383000

Local Government Act 1972. Background Papers:

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## Appendix One – Proposed Published Admission Numbers for Community and Voluntary Controlled schools

DfE number	School name	PAN 2019
2400	Abbotskerswell Primary School	17
3070	Ashleigh CofE (VC) Primary School	45
2201	Ashwater Primary School	8
2206	Beaford Community Primary & Nursery School	15
3101	Berry Pomeroy Parochial Church of England Primary School	15
3053	Berrynarbor Church of England Primary School	12
2210	Bishops Nympton Primary School	10
2402	Bishopsteignton School	30
2717	Bolham Community Primary School	16
2404	Bovey Tracey Primary School	40
2002	Bow Community Primary School	20
2472	Bradley Barton Primary School and Nursery Unit	60
3001	Bramford Speke Church of England Primary School	10
3002	Branscombe Church of England Primary School	10
2214	Bratton Fleming Community Primary School	20
3003	Broadhembury Church of England Primary School	8
2408	Broadhempston Village Primary School	10
3004	Burlescombe Church of England Primary School	12
2215	Caen Community Primary School	60
2476	Canada Hill Community Primary School	45
2006	Cheriton Bishop Community Primary School	10
2007	Cheriton Fitzpaine Primary School	15
3105	Chudleigh Church of England Community Primary School	60
2220	Clawton Primary School	13
3777	Clyst Heath Nursey and Community Primary School	45
2009	Clyst St Mary Primary School	30
2411	Cockwood Primary School	12
2010	Colyton Primary School	25
2222	Combe Martin Primary School	30
2011	Copplestone Primary School	30
3152	Cornwood Church of England Primary School	15
2025	Countess Wear Community School	45
2015	Culmstock Primary School	15
3107	Dartington Church of England Primary School	50
2431	Decoy Primary School	60
2416	Denbury Primary School	20
2417	Doddiscombesleigh Primary School	10
2418	Dunsford Community Primary School	12
2223	East Anstey Primary School	7
2207	East-The-Water Community Primary School	60
2603	Ermington Primary School	25
2420	Exminster Community Primary	60
2225	Filleigh Community Primary School	15
2204	Forches Cross Community Primary School	30
2226	Fremington Community Primary and Nursery School	60
3059	Georgeham Church of England (VC) Primary School	15

## Appendix One – Proposed Published Admission Numbers for Community and Voluntary Controlled schools

3060	Goodleigh Church of England Primary School	10
3061	Great Torrington Bluecoat Church of England Primary School	70
2604	Gulworthy Primary School	12
2228	Halwill Community Primary School	15
2605	Hatherleigh Community Primary School	30
3779	Haytor View Community Primary School	30
2012	Hayward's Primary School	60
2448	Hazeldown School	60
2255	Highampton Community Primary School	7
2432	Highweek Community Primary and Nursery School	60
2607	Holbeton School	15
3063	Holsworthy Church of England Primary School	45
3064	Holywell Church of England Primary School	14
2048	Honiton Primary School	60
2231	Horwood and Newton Tracey Community Primary School	14
3065	Ilfracombe Church of England Junior School	120
2232	Ilfracombe Infant and Nursery School	135
2233	Instow Community Primary School	20
2423	Ipplepen Primary School	30
3111	Kenn Church of England Primary School	15
3013	Kentisbeare Church of England Primary School	25
2234	Kentisbury Primary School	8
2424	Kenton Primary School	15
2050	Kilmington Primary School	15
2257	Kingsacre Primary School	30
2425	Kingsbridge Community Primary School	60
3112	Kingskerswell Church of England Primary School	60
2026	Ladysmith Infant and Nursery School	90
2027	Ladysmith Junior School	90
3154	Lamerton Church of England Voluntary Controlled Primary School	8
2236	Landkey Primary School	30
2079	Landscape Primary School	60
2237	Langtree Community School and Nursery Unit	12
2612	Lifton Community Primary School	17
3028	Littleham Church of England Primary School	30
2428	Loddiswell Primary School	15
3014	Lympstone Church of England Primary School	30
3114	Malborough with South Huish Church of England Primary School	15
2610	Manor Primary School, Ivybridge	40
2238	Marwood School	17
2622	Mary Tavy and Brentor Community Primary School	15
2614	Milton Abbot School	15
2715	Modbury Primary School	30
2239	Monkleigh Primary School	15
2054	Newton Poppleford Primary School	30
2055	Newton St Cyres Primary School	15
2029	Newtown Primary School	30
2240	North Molton School	20

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## Appendix One – Proposed Published Admission Numbers for Community and Voluntary Controlled schools

3015	Offwell Church of England Primary School	17
3066	Parracombe Church of England Primary School	8
3016	Payhembury Church of England Primary School	15
2205	Pilton Infants' School	60
3017	Plymtree Church of England Primary School	15
2059	Sandford School	30
2060	Seaton Primary School	60
2618	Shaugh Prior Primary School	10
2243	Shebbear Community School	10
2244	Shirwell Community Primary School	8
2062	Shute Community Primary School	12
4011	Sidmouth College	150 (Year 12 10)
3022	Silverton Church of England Primary School	20
2245	South Molton Community Primary School	30
2216	Southmead School	60
2089	Spreyton School	6
2242	St Giles-on-the-Heath Community School	15
4501	St Luke's Science and Sports College	196
3069	St Mary's Church of England Primary School, Bideford	60
3128	St Michael's Church of England Primary School	60
2442	Starcross Primary School	30
3024	Stoke Canon Church of England Primary School	20
2033	Stoke Hill Infants and Nursery School	90
2034	Stoke Hill Junior School	90
2445	Stokeinteignhead School	15
2446	Stokenham Area Primary School	30
2088	Tedburn St Mary School	17
2609	The Erme Primary School	25
2461	The Grove Primary School	45
2090	The Topsham School	30
3025	Thorverton Church of England Primary School	12
3127	Totnes St John's Church of England Primary School	30
2710	Ugborough Primary School	25
3026	Uplowman Church of England Primary School	8
2073	Upottery Primary School	15
2209	West Croft School	90
2249	West Down School	15
2074	Whimble Primary School	20
2075	Willand School	60
2724	Willowbrook School	60
3011	Withycombe Raleigh Church of England Primary School	90
2253	Woolacombe School	30
3375	Wynstream School	60
2076	Yeoford Community Primary School	10

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## Appendix Two – Proposed amendments to Catchment areas for Community and Voluntary Controlled schools

1. The proposed 2019-20 catchment areas have been copied from the previous academic year.
2. Mary Tavy and Brentor Community School requested that its catchment be increased to take in the area around Peter Tavy. That is part of the catchment of St Rumon's Church of England Infant School and St Peter's Church of England Junior School. Local residents and the admissions authority for these schools would not have had a minimum of six weeks to consider this proposal. The Head teacher of Mary Tavy has agreed to discuss the matter during the remainder of this academic year and may propose an amendment as part of the formal consultation for 2020-21.

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## Appendix Three – admission arrangements timetable

Timetable for the admissions cycle for 2018 and 2019

Statutory dates are in bold.

	Action	Action by
<b>31 January</b>	Deadline for the completion of the consultation on proposed admission arrangements	Admission Authority
<b>28 February</b>	All policies to be formally determined – including the date of determination in the Policy version section.	Admission Authority
<b>28 February</b>	Appeals timetable to be published	Admissions Service Admissions authority
<b>15 March</b>	All policies to be published on school websites All faith policies to be forwarded to Diocese All policies to be forwarded to LA Policy Officer.	Admission Authority
<b>By 15 May</b>	Deadline for objections to the OSA	
Summer term 2018	Review content and presentation of policies for 2020-21	Admissions Service
By 1 September	All faith own admission authority schools will receive a suggested new document for consideration	Admissions Service
By 15 September	All other own admission authority schools will receive a suggested new document for consideration	Admissions Service
By 30 September	Faith schools to meet and agree a proposed policy then forward to Diocese (CE confirmed timescale)	Admission Authority
By 30 November	Diocese to forward proposed policies to LA Policy Officer.	CE Diocese Catholic Diocese (to be confirmed)
By 30 November	All other own admission authority schools to return proposed policies to LA Policy Officer.	Admission authority
1 November	LA-hosted consultation live for proposed admission arrangements for 2020-21	Admissions Service
<b>4 January 2019</b>	LA-hosted consultation ends	Admissions Service
<b>31 January</b>	Deadline for the completion of the consultation on proposed admission arrangements	Admission Authority
<b>28 February 2019</b>	All policies to be formally determined – including the date of determination in the Policy version section.	Admission Authority
<b>28 February</b>	Appeals timetable to be published	Admissions Service Admissions authority
<b>15 March</b>	All policies to be published on school websites All faith policies to be forwarded to Diocese All policies to be forwarded to LA Policy Officer.	Admission Authority
<b>By 15 May</b>	Objections to the OSA	

## Appendix Four – proposed amendments to the co-ordinated schemes

1. Dates have been rolled forward for the new academic year.
2. As for 2018-19, it has been suggested by some schools that the LA introduce admissions priority for children attending school-run nurseries for community and voluntary controlled schools. This option has been taken up by a small number of own admission authority schools. This remains a contentious issue under The Code as all objections but one nationally have been upheld by the Office of the Schools' Adjudicator (OSA). Wherever this priority is introduced, the LA will have a responsibility to ensure that the interests of local children who do not attend the nursery are protected and financial support for the school does not influence admissions priority.

Until there is greater clarity nationally through a revised version of The Code or unequivocal Guidance from the Department for Education, it remains likely that objections to the OSA will continue to be withheld. While this LA may not believe that a school's priority for nursery children breaches The Code and therefore would not be obliged to object, the advice to Devon schools that are their own admissions authority would be to make this provision with caution. The advice to Members with regard to community and voluntary controlled schools is to avoid the provision.

3. The Department for Education encourages those schools with priority for children according to an exceptional social or medical need to extend this provision to include exceptional need for parents. This is the case particularly for primary schools as parents are more likely to accompany their children to school, making their own needs more relevant.

In response, the proposed oversubscription criterion for exception need which is the second highest criterion for all primary community and VC schools has been expanded accordingly.

4. The Department for Education's own definition of sibling for the purposes of school admissions is limited to children living in the same household. This excludes children who live at different addresses, regardless of their relationship. This approach has been adopted in the proposed arrangements for 2019-20 in the interests of simplicity and aligning Devon's schools with the national strategy. It recognises that the primary purpose of giving priority to siblings is to better support families who wish to educate children who live together in the same school and use the same home to school travel arrangements.
5. Home to school distance is the first tie-breaker when two or more children have the same priority for admission to a community or VC school. This is measured using the LA's online mapping service and is a straight-line measurement from home to a point within the school campus. In order to better enable parents to understand where the measurement is taken from, it is proposed to measure from the centre of the main entrance to each school.
6. Random allocation is used as a further, definitive tie-breaker where distances cannot distinguish between two or more children seeking a school place.

The Department for Education encourages admissions authorities not to refuse admission to a school to multiple birth siblings where one of the siblings can be offered a place. Multiple birth siblings are eligible to be Permitted Exceptions to legislation limiting the size of an Infant Class where one of the siblings can be admitted without breaching the class size limit. In recognition of this position from the Department, it is proposed that random allocation will not be applied to multiple birth siblings who are tied for the final place in a school. All community and VC schools will admit all of the

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## Appendix Four – proposed amendments to the co-ordinated schemes

multiple birth siblings, exceeding the Published Admission Number as necessary. This does not provide for the PAN to be exceeded where all of the multiple birth siblings could be offered places within the PAN.

7. Waiting lists must be kept as necessary for oversubscribed schools until the end of the autumn term of the intake year. They may be kept after this date and Devon has operated waiting lists whenever a parent wants to stay on a list. To streamline this process and enable vacancies to be filled as quickly as possible, parents are contacted periodically to check they still require a place. Further to this, it is proposed to close waiting lists at the end of each academic year unless parents respond to the Admissions Service to confirm a waiting list place is still required and that details such as the child's address are up to date.
8. Parents of summer-born children may request that the child delays admission to a Reception class until the following academic year, this being the start of the term after he or she reaches the statutory school age of 5. Devon has adopted a permissive approach to this process, recognising that some parents will wish to start the child in reception and then form a view that the child is not ready for Reception.

In order to ensure that this provision is available as intended, to delay the first admission into school it is proposed that delayed admission requests will be considered before the child starts in Reception or where the parent withdraws the child from Reception by the autumn half term.

9. The Schools Minister has written an open letter regarding children previously in Care outside England. This set out a commitment to amend the School Admissions Code to give priority to children who were in Care before moving to England. Admission authorities were encouraged to amend their admission arrangement proposals for 2019-20 where there remained sufficient time to consult. Where that was not possible, admission authorities were encouraged to propose a change for 2020-21. This would be as a second highest priority until legislation is introduced to allow this group of children to share the highest priority.

There is no indication of timescale for necessary legislation to be introduced, nor is there statutory guidance on eligibility and evidence-provision for children outside England. There is often significant difficulty in confirming an adopted child's prior Care status under existing provision and there is no clarity on how this provision could be managed to support children without the risk of fraud. This concern is shared by LAs across the south west of England.

## Appendix Five – proposed amendments to the Fair Access Protocol

1. All LAs are required to operate a Fair Access Protocol to ensure that children who are at risk of being without appropriate education under In-Year admission arrangements are placed in a local school as quickly as possible. This is a safety net for children. The Protocol will require schools to admit children when otherwise they would refuse admission on the grounds they are full. As a consequence and as children who transfer schools In-Year can have more challenging circumstances, a further purpose of the Protocol is to promote equitable distribution among schools of children under these circumstances. The Protocol does not affect Normal Round allocations or any child who can be offered a place at a school according to parental preference.
2. The existing Fair Access Protocol has been in place since 2008 and has largely been used by the LA to place secondary school children new to the area. Over the past 12-18 months, there has been increasing pressure on In-Year admissions for primary schools and a review was undertaken in consultation with school phase associations.
3. It was proposed to continue with the arrangements for secondary schools largely unchanged: children moving into a school catchment area are placed at that school even if full, up to 3% above the Admission Number for the Year Group. Above this figure, a place is allocated at the next school up to the same 3% threshold. The rationale behind this is that each registration or teaching group would be expected to admit one more child – a compromise between the needs of the child and the impact on the school. Historically there have been very few cases where a primary school child could not be placed locally. There has been provision to place a child under Fair Access up to a 45 minute travelling distance from home. This has rarely been used but increasingly the closest schools are experiencing difficulty in meeting In-Year demand.
4. The LA is concerned that younger children should not be required to travel significantly out of their local community to attend school. To that end and to limit increasing transport costs to the LA, it was proposed to amend the Protocol so that there is greater emphasis on placing at the catchment or other close school. Vacancies at schools within walking distance of home would be the default position but provision is proposed to place above the Admission Number, including as a Permitted Exception to Infant Class Size Legislation. No class would be expected to accommodate more than 2 children under the Protocol above the point at which the school could consider it full. Rather than a travel distance of 45 minutes, a reasonable distance is proposed as no further than a 20 minute journey where a travel route is in place or where any new route would be required. This would ensure that the youngest children in the county are not placed out of their local community for up to seven academic years.
5. Greater clarity has been introduced to ensure equitable distribution among schools, identifying circumstances when a school would be exempt from Protocol allocations.
6. In light of the impact on primary schools, there was extended consultation with the Devon Association of Primary Head teachers. The proposals were discussed at meetings of the School Organisation, Capital and Admissions Group through 2017 and in January 2018. The revised Protocol was endorsed, to be put before Cabinet for consideration.



Cabinet  
9<sup>th</sup> February 2018

## **CHILDREN'S SERVICES: FUTURE ARRANGEMENTS FOR 0-19 PUBLIC HEALTH NURSING SERVICES**

Report of the Chief Officer for Communities, Public Health, Environment and Prosperity and the Chief Officer for Children's Services

Please note that the following recommendations are subject to consideration and determination by the Cabinet (and confirmation under the provisions of the Council's Constitution) before taking effect.

Recommendations: That Cabinet:

- (a) Approves that from April 2019, the Council's Children's Services be the provider of the 0-19 Public Health Nursing Service.
- (b) Approves that when the Council is satisfied that the 0-19 Public Health Nursing Service is achieving the objectives that the Council has set, in conjunction with national requirements, the Council should explore alternative delivery models.

### **1. Introduction**

- 1.1 The Council's Director of Public Health (DPH) has statutory responsibility for the nationally mandated 0-5 Public Health Nursing Service. This responsibility cannot be delegated.
- 1.2 Devon County Council is currently one of five partners in a commissioning partnership for the provision of Integrated Children's Services (ICS) provided by Virgin Care Ltd. The 0-19 Public Health Nursing Service (PHNS) is one of the services provided as part of the ICS and this is overseen by the DPH. The contract for the provision of these services comes to an end on 31st March 2019.
- 1.3 Cabinet, on the 11<sup>th</sup> October 2017 approved the undertaking of an options appraisal for the provision of the 0-19 Public Health Nursing, Portage and ROVICs services from April 2019 onwards. The Cabinet also committed to the undertaking of a public consultation.

### **2. Background**

- 2.1 Ensuring that Devon's children and young people have the best start in life, and grow into healthy adults, is one of Devon County Council's top strategic priorities and a priority for the partnership of the Wider Devon Sustainability and Transformation Plan (STP). It is also fundamental to reducing inequalities in health, which is a statutory duty of local authorities and of the NHS. The scope of the Public Health Nursing Service comprises services to children, young people and families:
  - a. 0-5 Health Visiting Services
  - b. 5-19 School Nursing Services
  - c. The National Childhood Measurement Programme
- 2.2. The overall purpose of the 0-19 Public Health Nursing Service is to contribute to the improvement in the health and wellbeing that support all children and young people, to keep children and families safe, and reduce health related risks across the life-course. This is achieved through delivery of mandated (legally-required) universal public health assessments and undertaking public health interventions designed to offer prevention that supports families to adopt healthy lifestyles and identify and address difficulties and issues as early as possible. The service therefore has a significant role to play in early help.

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- 2.3. Public Health Nurses work with other agencies to provide additional support to children, young people and families at the earliest opportunity where longer-term intervention is needed. Resources are focused on the most deprived geographical communities and communities of need within Devon to improve their health outcomes while offering a universal service to all children who are residents of Devon, plus those who attend Devon schools and academies. Current service provision and health outcomes for children compare well in Devon to other areas, despite recent national concern about trends in the health and wellbeing of children.
- 2.4. The Government's intention in transferring the responsibility for the Public Health Nursing Service to the local authority as part of the public health transition arrangements was to ensure that local authorities were able to better align their social and health care responsibilities for children, young people and families.

### 3. **Best Start in Life**

- 3.1 Formative years can have a significant impact on a young person and adult's later health and wellbeing, and this relates directly to other important health, social care, and wellbeing outcomes such as; physical health e.g. smoking, healthy weight, oral health, mental health and health inequalities, detection and prevention of child safeguarding risks, and reducing the risk of children going in to statutory care proceedings. These can have a life-long negative impact on individuals, their families, and others, and are the cause of significant costs to the NHS and local authority social care, education and other functions.
- 3.2 The Joint Health and Wellbeing Strategy, emphasise the need for children to have the best start in life. This is further supported by the work of the Wider Devon Sustainability and Transformation Plan for Children where Best Start in Life is a priority but also coupled with a need to prevent adverse childhood experiences. Both the Joint Strategic Needs Assessment and the data pack for the STP support these priorities. These will inform our emerging Children and Young Peoples Plan.
- 3.3 Achieving the Best Start in Life for children spans the delivery of a wide range of services. It is vital that the system of services, including Public Health Nursing works effectively with a common purpose to ensure outcomes are improved. This is the first opportunity since the responsibility for the provision of Public Health Nursing transferred from the NHS to local authority to re-design the system.

### 4. **Service Delivery Models: Options Appraisal**

- 4.1 In considering the future service delivery model for the 0-19 PHNS from April 2019 onwards, the following options have been considered and fall into two broad categories:
  1. Procurement of the PHNS
  2. DCC direct delivery of the PHNS

Within each of the categories two options are considered:

#### **Procurement of the PHNS**

- 1a: Open procedure with one contract
- 1b: Procure a joint venture delivery vehicle

#### **DCC direct delivery of the PHNS**

- 2a: 'In-house' as a department of DCC
- 2b: Placing all activity relating to the PHNS into a wholly owned subsidiary of DCC

- 4.2 The service delivery models have been assessed against the following set of strategic objectives for the delivery of the 0-19 PHNS.

## Strategic Objectives:

1. To ensure Devon residents have open access to a high quality 0-19 Public Health Nursing Service:
    - services are compliant with national clinically recognised standards.
    - there are clear mechanisms for quality assurance.
    - governance processes are robust/fit for purpose.
  2. To ensure Devon has an effective Healthy Child Programme and an integrated system, in which all service providers, commissioners and stakeholders work collaboratively to ensure services are evidence based and promote positive child health for its population and improve children and young people's health outcomes.
  3. To ensure that the process for the re-provision of the PHNS does not adversely affect service quality and access.
  4. To ensure the PHNS is capable of delivering the outcomes detailed within the service specification within the available DCC Public Health Grant allocation.
  5. To ensure that the service delivery model aligns with the strategic vision for the Local Authority (Best Start in Life).
  6. To ensure that the PHNS is agile and responsive so it is capable of flexing and adapting to changing future needs. This includes the ability to react quickly and adopt new, more efficient ways of working effectively in a timely manner such that best value for money is achieved on an ongoing basis, whilst continuing to drive up quality.
- 4.3 The following set of assumptions remain, irrespective of the delivery model. These are:
- The specification for the 0-19 PHNS is based upon the national template 0-19 Healthy Child Programme.
  - The budget (£10million per annum) for the service does not alter.
  - Identification of core public health nursing staff who are likely to be eligible for TUPE will be relatively straightforward, however obtaining a full TUPE transfer list from the current incumbent will require a longer time period so some assumptions have been made on the staffing requirements.
- 4.4 The options appraisal identified that, except for option 1b, all the service delivery options are all achievable within the timeframe. All options were assessed as having a high degree of confidence that the service would be deliverable within budget. A summary of the outcome of the options appraisal can be seen in Appendix A. The summary table provides an overview of the scoring assessed against the strategic objectives. The table demonstrates that while each option has strengths and weaknesses the overall scoring for the options, excluding option 1b, are comparable. Actions would be required to mitigate as much as possible the weaknesses identified in all the options. The full options appraisal is included in Appendix B.

## 5. Consultation

- 5.1 The public consultation was undertaken through the Have Your Say website from 6<sup>th</sup> December 2017 – 15<sup>th</sup> January 2018. A total of 135 online responses were received with additional written representation from Devon Local Medical Committee, Northern, Eastern and Western Devon Clinical Commissioning Group, St. Thomas Medical Group and Virgin Care Ltd. A full summary of the consultation is available via this link. [PHNS Consultation Report](#).

# Agenda Item 9

- 5.2 The consultation indicated strong support for the strategic objectives used, with 87.5% of responder's indicating that the objectives were the right objectives to use to assess the service delivery models against.
- 5.3 The consultation identified that the service delivery model preferred by respondents was option 1a: Procurement of the 0-19 PHNS (70%), followed by option 1b: Procurement of a Joint Venture delivery vehicle (18%), Option 2a: DCC direct delivery 9% and DCC direct delivery through a wholly owned SPV (3%).
- 5.4 In analysing the consultation responses, a number of key themes emerged and are presented below.

## **1. Workforce**

The consultation emphasised the importance of being able to continue to attract and retain a high-quality public health nursing workforce to Devon regardless of the delivery model. Assurance of compliance to the necessary requirements for registered nurses, under their professional body (Nursing and Midwifery Council) was highlighted as essential as was the need for the service to have good leadership, clinical supervision, nurse revalidation and training in place.

Maintaining the public health nursing skills of the workforce by ensuring that there was no dilution of the nursing skill set was emphasised as was the need for service stability.

Some concern was raised from the workforce about the ability to offer the NHS Pension Scheme to existing staff and newly appointed staff. The responses clearly indicated how vital it was to ensure the service was capable of recruiting and retaining a high quality public health nursing workforce to ensure the best possible service is available to children, young people and families within Devon.

## **2. System Alignment**

There was a consistent focus within the responses of the importance of having good system alignment and the need to ensure that there are good working relationships between the key partners and with service users. The opportunity for better alignment of education, primary care, schools, children centres, early years and social care was made as was the importance of better communication between partners and the need to work towards better information sharing mechanisms and shared case recording.

There was specific concern that in attempting to better align the PHNS with children services it did not have a negative impact and result in a disintegration of the clinical care pathways and create gaps for children and families. The importance of the relationship between the PHNS and primary care was highlighted, with primary care specifically seeking assurance that regardless of the service delivery model the relationship between GP's and a named Public Health Nurse should be maintained and strengthen as the loss of this relationship can exposes gaps in supporting vulnerable families.

## **3. Service Offer**

The consultation highlighted the importance of the need to continue to provide the public health universal offer regardless of the service model. The feedback highlighted the importance of the continuation of the delivery of the national service specifications and ability to continue to offer health-focused services e.g. prescribing emergency contraception in schools.

The need for a separate professional identity for the PHNS was proposed to ensure the service would continue to be recognised as a clinical service.

A number of the responses commented on the importance of safeguarding the public health grant allocation for the PHNS and that this is protected, so that there is no adverse impact to children, young people and families.

## **4. Clinical Governance**

The responses reiterate the importance of ensuring that the service needed to have in place the required clinical and governance infrastructure and expertise in place and that the service provider was required to be CQC registration. Having a competent, knowledgeable CQC registered manager, with experience of delivering Public Health Nursing Services to ensure the clinical quality and safety of the service was viewed as critical.

## **6. Financial considerations**

- 6.1 The Public Health Grant ring-fence and grant conditions will remain in place until 31 March 2020. From April 2020, it is expected that the Public Health Grant will be replaced by retained business rates but only on the understanding that appropriate assurance arrangements are in place.
- 6.2 The 0-19 Public Health Nursing Service is commissioned by Public Health Devon within the context of a diminishing local authority Public Health Grant. The historic contract value per annum for the Public Health Nursing element is £11.8million.
- 6.3 As with other public health services commissioned by Public Health Devon, spend on the 0-19 Public Health Nursing Service needs to reduce from 2018-19 to enable the reductions in the Public Health Grant to be managed and still comply with Public Health England's funding conditions. The contract value for the Public Health Nursing element for 2018/19 is £10million.
- 6.4 Public Health Devon has a budget of £10million per annum for 0-19 Public Health Nursing service from April 2019 and beyond. The cost of transition is being considered for each option along with ongoing service delivery and potential exit strategy costs. Each option will have a different mix of costs. Consequently, funding for transition costs has not been included in the 2018/19 budget but will be taken from the transformation reserve if required.

## **7. Legal considerations**

- 7.1 The Council's Director of Public Health (DPH) has statutory responsibility, under section 6C of the NHS 2006 Act, inserted by section 18 of the 2012 Act, for the nationally mandated 0-5 PHN Service. This responsibility cannot be delegated.
- 7.2 The requirements of the Children and Families Act 2014 have been considered and taken into account in the formulation of the recommendations set out in report. These services make a significant contribution to the Local Offer for children with SEND. The Local Authority and the Partnership in compliance with the Code of Practice must ensure sufficient delivery of short breaks and community health and care services. Through Education, Health and Care Plans children are able to access these coordinated, integrated and personalised services.
- 7.3 Legal advice has been sought when considering all options within the detailed options appraisal.

## **8. Environmental impact considerations**

- 8.1 While healthy lifestyle behaviours can contribute to environmental goals, no direct environmental impacts are expected from any of the options under consideration.

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## 9. Equality considerations

9.1 Where relevant to the decision, the Equality Act 2010 Public Sector Equality Duty requires decision makers to give due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other prohibited conduct;
- advance equality by encouraging participation, removing disadvantage, taking account of disabilities and meeting people's needs; and
- Foster good relations between people by tackling prejudice and promoting understanding.

9.2 In considering equality impacts we need to take into account age, disability, race/ethnicity (including Gypsies and Travellers), gender and gender identity, religion and belief, sexual orientation, pregnant women/ new and breastfeeding mothers, marriage/civil partnership status, in coming to a decision, a decision maker may also consider other relevant factors such as caring responsibilities, rural isolation or socioeconomic disadvantage.

9.3 An Equality Impact Assessment has been completed. Members will need to consider the Impact Assessment for the purposes of this item. [PHNS Impact Assessment](#)

9.4 No unmanageable consequences for current and future service users have been identified as a result of the service delivery options. Regardless of the commissioning and procurement arrangements, the protected characteristics will be considered across all elements of the service to ensure that the service reduces harm in those in greatest need.

9.5 The guidance for service delivery is set by the National Institute of Clinical Excellence (NICE) and Public Health England (PHE). Equality Analysis has been carried out by the Department for Health on the 'Healthy Child Programme' through regulation:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/493625/Service\\_specification\\_CG4\\_FINAL\\_19Jan2016.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/493625/Service_specification_CG4_FINAL_19Jan2016.pdf)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/410685/Equalities\\_analysis.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/410685/Equalities_analysis.pdf)

## 10. Risk assessment considerations

10.1 A risk assessment has been undertaken as part of the full options appraisal (Appendix B).

## 11. Public Health Impact

11.1 The Joint Health and Wellbeing Strategy is a relevant document, drawing together priorities from the Joint Strategic Needs Assessment. This report, and related documents, emphasise the need for children to have the best start in life.

11.2 The prime purpose of the Public Health Grant is to ensure the delivery of the mandated elements of the grant as described in the statutory instrument, and the expectation of local authorities to deliver year-on-year improvements in the health of all children and young people through the delivery of an effective 0-19 Public Health Nursing Service.

## 12. Conclusion

### 12.1 Local Authority based Integration

The transfer of responsibility for the 0-19 Public Health Nursing Service to Local Authorities was intended to bring together the PHNS, Education and Social Care. Education and Social Care are delivered by the Council and therefore by approving Option 2a this will enable the Council to directly deliver the 0-19 PHNS as well. This will provide the best opportunity to achieve integration between these services which will bring about improved outcomes for children, young people and families.

### 12.2 Strategic Service Alignment

By approving option 2a the Council shall be able to align the 0-19 Public Health Nursing Service with other Children and Young People services, namely Early Years and Early Help services as well as Children Centres and therefore provide added value for the local authority because it will ensure the services work more effectively together to deliver the 'Best start in life' strategic objectives and deliver improved outcomes. Option 2a is the best placed to achieve this as DCC will be in direct control of the service.

### 12.3 Flexibility and Responsiveness

Service flexibility and responsiveness can best be achieved through Option 2a as DCC will have direct control of the service. This will enable maximum flexibility for the future as Children and Young People Services are aligned to the STP and the Devon Children and Young People plan through a co-production approach.

- 12.4 The DPH's strategic and statutory responsibility for the 0-19 PHNs will not change, and operational responsibility for the delivery of 0-19 PHNS from April 2019 will sit with the Council's Chief Officer Children's Services alongside other services for children and young people.

**Dr Virginia Pearson CHIEF OFFICER FOR COMMUNITIES, PUBLIC HEALTH,  
ENVIRONMENT AND PROSPERITY DEVON COUNTY COUNCIL**

Electoral Divisions: All

Cabinet Member for Communities, Public Health, Environment, and Prosperity:  
Councillor Roger Croad

Chief Officer for Communities, Public Health, Environment, and Prosperity: Dr Virginia Pearson

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

Contact for Enquiries: Steven Brown, Deputy Director of Public Health, Public Health Directorate, Room 148, County Hall, Topsham Road, Exeter EX2 4QL Tel No: 01392 383000

**APPENDIX A**

**Summary table of options appraisal**

<b>Strategic Objective</b>	<b>1a</b>	<b>1b</b>	<b>2a</b>	<b>2b</b>	<b>Comments</b>
To ensure Devon residents have open access to a high quality 0-19 Public Health Nursing Service: <ul style="list-style-type: none"> <li>• services are compliant with national clinically recognised standards.</li> <li>• there are clear mechanisms for quality assurance.</li> <li>• governance processes are robust/fit for purpose.</li> </ul>	10	9	8	8	Option 1a would be the least risky option to achieve this objective as award of contract would be to a provider who would be able to demonstrate delivery of this objective through the tender process. The scores for option 2a & 2b are predicated on DCC putting in place the necessary clinical leadership and governance arrangements. However, a new governance infrastructure would need be developed and put in place for the commencement of the service so the score for these options is less than 1a & 1b.
To ensure Devon has an effective Healthy Child Programme and an integrated system, in which all service providers, commissioners and stakeholders work collaboratively to ensure services are evidence based and promote positive child health for its population and improve children and young people's health outcomes.	8	8	7	7	The current service is provided within an integrated children's service. Ensuring a more joined up health and care system for children, young people and families was a prominent theme identified within the consultation, as was the need to ensure the PHNS is not diluted at the expense of the delivery of the universal health child programme. Assurance of the continued focus on the delivery of the Healthy Child Programme would elevate the scores for option 2a & 2b to equal option 1a & 1b.
To ensure that the process for the re-provision of the PHNS does not adversely affect service quality and access.	8	1	6	6	Option 1b has scored 1 as this has been identified as not achievable within the required timescales and therefore would have a significant impact on the service quality and access. Key to achieving this objective is the capability to retain and recruitment high a quality PHN workforce. The consultation expressed some concern in relation to terms and conditions of employment and particularly access to NHS Pensions. If early assurance can be given to the workforce in relation to retaining comparable terms and conditions, including access to NHS Pensions, the scores for option 2a & 2b would be increased.
To ensure the PHNS is capable of delivering the outcomes detailed within the service specification within the available DCC Public Health Grant allocation.	9	8	8	8	Option 1a would be a block contract so expenditure would be almost certainty contained within the allocated public health grant although this would depend on a successful procurement and award of contract within the financial envelope. The other options do present slightly less certainty

					in relation to delivery within budget as these will require the establishment of new services.
To ensure that the service delivery model aligns with the strategic vision for the Local Authority (Best Start in Life).	7	8	9	9	Options 2a & 2b will provide the greatest opportunity to ensure the services are aligned to the local authority vision as the local authority will be in direct control of service delivery. The inclusion of a clear strategic vision within the service specification and the ability to articulate this within market warming events would increase confidence in the ability to achieve this through options 1a & 1b which therefore could increase the score of these options.
To ensure that the PHNS is agile and responsive so it is capable of flexing and adapting to changing future needs. This includes the ability to react quickly and adopt new, more efficient ways of working effectively in a timely manner such that best value for money is achieved on an ongoing basis, whilst continuing to drive up quality.	7	8	10	9	Option 2a provides the best opportunity to provide an agile and responsive service offer as DCC will have direct control of the service. While the principles of this objective can be included within option 1a there would inevitably be contractual processes to be undertaken to achieve this which may impact on the capability to react to changing future needs within a timely manner.
<b>TOTAL</b>	<b>49</b>	<b>42</b>	<b>48</b>	<b>47</b>	

# Agenda Item 9



**Future provision of the  
0-19 Public Health Nursing Services  
for Devon for April 2019**

**Options Analysis**

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## 1.0 Introduction

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1.1 At the Devon County Council Cabinet meeting, held on the 11<sup>th</sup> October 2017, the Cabinet approved the undertaking of an option appraisal for the provision of the 0-19 Public Health Nursing Service, Portage and ROVICs services from April 2019 onwards.

1.2 This document describes the different options for the future provision of the 0-19 Public Health Nursing Service (PHNS) for the footprint of Devon County Council. It builds on four pieces of preparatory work undertaken when considering the provision of services for 2018-2019 as an interim contract;

- the options appraisal which informed Dr Virginia Pearson's report to Cabinet on 8<sup>th</sup> March 2017(<http://democracy.devon.gov.uk/ieListDocuments.aspx?CId=133&MIId=184&Ver=4>).
- The consultation on the future procurement and delivery of Public Health Nursing Services, undertaken between January – March 2017.
- The Best Alternative To Negotiated Agreement (BATNA), jointly produced between Children's Social Care and Public Health following Cabinet's decision to agree a Section 75 Agreement with NEW Devon CCG when considering the interim contract offer being made to Virgin Care Ltd for 2018-19.
- The jointly commissioned consultation on Community Health and Wellbeing Services for Children and Young People in Devon, undertaken between July – September 2017.

1.3 The options fall into 2 broad categories:

1. Procurement of the PHNS
2. DCC direct delivery of the PHNS

Within each of the categories 2 options are considered:

### **Procurement of the PHNS**

- 1a: Open procedure with one contract;
- 1b: Procure a joint venture delivery vehicle

### **DCC direct delivery of the PHNS**

- 2a: 'In-house' as a department of DCC.
- 2b: Placing all activity relating to the PHNS into a wholly owned subsidiary of DCC;

1.4 Public Health Nursing is a mandated service directly funded by the Public Health Grant, which the local authority receives from the Department of Health. The service forms part of the Director of Public Health's responsibilities for 'any of the Secretary of State's public health protection or health improvement functions that s/he delegates to local authorities, either by arrangement or under regulations – these include services mandated by regulations made under section 6C of the NHS 2006 Act, inserted by section 18 of the 2012 Act'

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Therefore, there is no possibility of a “do nothing” option with regard to providing a Public Health Nursing Service, hence such an option has not been considered.

1.5 All the options are analysed to a set of assumptions which remain, irrespective of the option that is determined to be the preferred option. These are:

- The specification for the PHNS is based upon the national template 0-19 Healthy Child Programme.
- The budget (£10million per annum) for the service does not alter.
- Identification of core public health nursing staff who are likely to be eligible for TUPE will be relatively straightforward however obtaining a full TUPE transfer list from the current incumbent will require a longer time period so some assumptions have been made on the staffing requirements.

1.6 All options are presented in the same format:

**Section A: Brief description of the model**

This describes the main features of the option.

**Section B: Key Features**

This outlines the key features underpinning the option.

**Section C: Ability to achieve the objectives**

Critical strategic objectives for the delivery of the Public Health Nursing Service in Devon have been devised, and in this section each option is considered against each objective.

**Section D: SWOT analysis**

This looks at the strengths, weaknesses, opportunities and threats of the options.

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## 2.0 Background

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2.1 Ensuring that Devon’s children and young people have the best start in life, and grow into healthy adults, is one of Devon County Council’s top strategic priorities and a priority for the partnership of the Wider Devon Sustainability and Transformation Programme (STP). Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are set in place during pregnancy and in early childhood. What happens during these early years has lifelong effects on many aspects of health and wellbeing, educational achievement and economic status.

2.2 The current 0-19 population in Devon is 162,000, with approximately 7,000 - 7,500 new births per year although there is some variation year to year. A gradual increase is predicted over the next 20 years.

2.3 The overall purpose of the Public Health Nursing Service is to contribute to the improvement in the health and wellbeing that support all children and young people, to keep children and families safe, and reduce health related risks across the life-course. This is achieved through delivery of mandated (legally-required) universal public health assessments and undertaking public health interventions designed to offer prevention

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that supports families to adopt healthy lifestyles and identify and address difficulties and issues as early as possible. The service therefore has a significant role to play in early help.

- 2.4 Public Health Nurses work with other agencies to provide additional support to children, young people and families at the earliest opportunity where longer-term intervention is needed. Resources are focused on the most deprived geographical communities and communities of need within Devon to improve their health outcomes while offering a universal service to all children who are residents of Devon, plus those who attend Devon schools and academies. Current service provision and health outcomes for children compare well in Devon to other areas, despite recent national concern about trends in the health and wellbeing of children.
- 2.5 Providing the full range of Public Health Nursing Services (0-19 years) has been a statutory responsibility of Devon County Council since October 2015 when 'A Call to Action 2011,' a national programme to deliver on the Government's commitment to increase the number of health visitors by 4,200 by March 2015 and to transform services, resulted in the transfer of the Public Health 0-5 commissioning from NHS England to Local Authorities. Public Health Nursing is subject to a National Specification and charged with leading the delivery of the Healthy Child Programme 0-19. A large part of the delivery includes 5 health reviews, beginning pre-birth, and the delivery of the National Child Measurement Programme (NCMP) all of which are mandated by law. This mandate has been extended for the 'foreseeable future'.
- 2.6 The Government's intention in transferring the responsibility for the Public Health Nursing Service to the local authority as part of the public health transition arrangements was to ensure that local authorities were able to better align their social and health care responsibilities for children, young people and families.
- 2.7 Since 2013, the Public Health Nursing Service has been delivered as one of three community health and care strands within the 'Integrated Children's Services' joint contract. The contract is co-commissioned between NEW Devon CCG, SD&T CCG, NHS England and, from Devon County Council, Public Health and Children's Social Care. The current arrangement is that the contract management and administration is provided by NHS NEW Devon CCG as 'host commissioner'. The contract ceases on the 31<sup>st</sup> March 2019. The CCG are currently undertaking a re-procurement exercise for the NHS services for which they have commissioning responsibility.

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### **3.0 Strategic Objectives**

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- 3.1 A set of strategic objectives for the delivery of the Public Health Nursing Service in Devon has been devised.
- 3.2 **Strategic Objectives:**
  1. To ensure Devon residents have open access to a high quality 0-19 Public Health Nursing Service:
    - services are compliant with national clinically recognised standards.
    - there are clear mechanisms for quality assurance.
    - governance processes are robust/fit for purpose.
  2. To ensure Devon has an effective Healthy Child Programme and an integrated system, in which all service providers, commissioners and stakeholders work

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collaboratively to ensure services are evidence based and promote positive child health for its population and improve children and young people's health outcomes.

3. To ensure that the process for the re-provision of the PHNS does not adversely affect service quality and access.
4. To ensure the PHNS is capable of delivering the outcomes detailed within the service specification within the available DCC Public Health Grant allocation.
5. To ensure that the service delivery model aligns with the strategic vision for the Local Authority (Best Start in Life).
6. To ensure that the PHNS is agile and responsive so it is capable of flexing and adapting to changing future needs. This includes the ability to react quickly and adopt new, more efficient ways of working effectively in a timely manner such that best value for money is achieved on an ongoing basis, whilst continuing to drive up quality.

## Option 1a: Procurement of the Public Health Nursing Service

### Section A: Summary

Description
<p>This option considers the procurement of a PHNS by DCC.</p> <p>The PHNS would be specified as a standalone service whilst recognising the landscape of children's services and indicating links and pathways to ensure an integrated system from a user's perspective. The procurement would be led by the DCC procurement office, the contract awarded would be a DCC Public Health contract. The contract would be a 'block contract' and so would not exceed the budget available. Market engagement, consultation and warming events would be undertaken independently of those for the other Community Health &amp; Wellbeing Services for Children and Young People.</p> <p>Through considering this option, the greatest focus could be given to the particular 0-19 agenda to ensure that the specification is fully informed by feedback from the market warming, consultation and engagement events. The engagement and market warming events would help inform any service Lots.</p>

### Section B: Key Features

Structure
<p>The structure would be dependent on how the PHNS was procured and on the results of the procurement exercise.</p>
HR features
<p>TUPE would apply to all service transfers.</p>
Legal features
<p>This would be a standard procurement exercise run by DCC's in house procurement office. The contract placed would be the standard DCC/PH contract as designed for these purposes.</p>
Financial features
<p>The budget associated with running this service would be separately identified as part of the Public Health Grant. This would be a committed contract spend for the life of the contract and ensure direct and appropriate use of DCC Public Health Grant allocation to fund the contract for services.</p>
Procurement features
<p>It is intended that this would be a standard open tender procurement, for contract award in Autumn 2018 and a new service going live on the 1<sup>st</sup> April 2019. Devon County Council procurement office would manage the procurement. Two indicative timescale planners have</p>

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been attached (Appendix A & B). One option is a single stage procurement, whilst the other allows for an element of negotiation.

**Timescale and achievability**

The procurement timescale is currently achievable due to the preparatory work already undertaken developing the specification. Delivery within the timescale is dependent on a decision being made early in 2018 and receipt of all the key tender prerequisites such as TUPE lists and property packs, etc.

**Other Considerations**

As the time-line corresponds to that of the rest of Community Health & Wellbeing Services for Children and Young People, re-procurement, care would need to be taken to avoid a market 'gridlock' with providers trying to service different but proximate timelines and processes. This would require good communications with other commissioners to ensure no clashes of timing, but without the need for a formal alignment. The alignment of procurement timescales provides an opportunity to ensure that the future overall service model and system for health and care services for children and young people are coordinated and aligned.

## Section C: Ability to Meet Objectives

Objectives	Ability To Meet Objectives	Score (1-10)
<p>To ensure Devon residents have open access to high quality Public Health Nursing Services:</p> <ul style="list-style-type: none"> <li>• services are compliant with national clinically recognised standards</li> <li>• there are clear mechanisms for quality assurance</li> <li>• governance processes are robust/fit for purpose.</li> </ul>	<p>Fully able to meet these objectives which will be specified. Known market for the delivery of this service.</p> <p>A direct contractual arrangement dealing with only the PHNS service would allow greatly visibility and control of the service across the full term of the contract, as there would be no ability for funds from the commissioner to be used to underpin other areas of children's services. Also, commissioner/provider relationships could be built to be strong as this would be a direct relationship. Public Health has a track record of good relationships with providers in directly procured services.</p>	10
<p>To ensure Devon has an effective Healthy Child Programme and an integrated system, in which all service providers, commissioners and stakeholders work collaboratively to ensure services are evidence based and promote positive child health for its population and improve children and young people's health outcomes.</p>	<p>The commissioners would expect to work with commissioners and service providers from the wider areas of the system to ensure collaboration and an integrated system.</p>	8
<p>To ensure that the process for the re-provision of the PHNS does not adversely affect service quality and access.</p>	<p>Providing absolute clarity on both the budget and the service specification will support the best possible re-commissioning process. Good working relationships with the NHS and DCC colleagues should act to mitigate any negative impacts. There is a high degree of confidence of achieving this option within the timescale and the impact to the workforce and service users will be minimal.</p>	8
<p>To ensure the PHNS is capable of delivering the outcomes detailed within the service specification within the available DCC Public Health Grant allocation.</p>	<p>This option is guaranteed to come within the contract budget and there will be assurance of the direct and appropriate use of DCC Public Health Grant allocation in accordance with the requirements of the Grant determination.</p> <p>A direct commissioner/provider relationship should enable a direct focus on the PHNS.</p>	9

	This would ensure sustainability of the service and the ability to maintain the PHNS workforce.	
To ensure that the service delivery model aligns with the strategic vision for the Local Authority (Best Start in Life).	A direct commissioner/provider relationship should enable this to happen. Through the procurement process DCC will ensure that the delivery model will align to the strategic vision with the contract setting out clear and precise contract review clauses which will highlight the scope and nature of possible variations and these will not alter the overall nature or scope of the contract. There will still need to be an expectation that it may take time to react to new ways of working and reach agreement with the provider to possible variations.	7
To ensure that the PHNS is agile and responsive so it is capable of flexing and adapting to changing future needs. This includes the ability to react quickly and adopt new, more efficient ways of working effectively in a timely manner such that best value for money is achieved on an ongoing basis, whilst continuing to drive up quality.	The direct commissioner/provider relationship should allow the service to be reactive to change, able to adopt enabling technologies as they appear and able to drive maximum quality and efficiencies out of the budget. The contract will need to set out clear and precise contract review clauses which will highlight the scope and nature of possible variations and these will not alter the overall nature or scope of the contract. Ensuring the need for maximum flexibility would need to be described at the procurement stage such that the provider works alongside DCC to enable change.  It does rely on the strength of the relationship and may take time to react to new ways of working if contract variations are required.	7
	<b>TOTAL</b>	49

## Section D SWOT Analysis

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• <b>Financial Risk</b> - Will ensure the requirements of the financial envelope are met as the budget will be defined as part of the tendering process.</li> <li>• <b>Clinical Governance</b> – Provider would have all the necessary governance requirements, such as CQC registration, clinical governance processes, clinical supervision and any related additional liabilities that (such as insurance requirements).</li> <li>• <b>Will ensure direct and appropriate use of Public Health Grant</b> monies, in accordance with the requirements of the Grant determination.</li> <li>• <b>Direct relationship between budget and service</b> - enables full control of the budget through the life of the contract.</li> <li>• <b>Workforce</b> – The impact on the staff, including potentially leaving the service, is likely to be less than the other options to leave the service as this option was more favourably received in the earlier consultation.</li> <li>• <b>Branding</b> - Enables branding to be separate from DCC and to have a potential clear alignment with “health” services</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Responsiveness:</b> If contract variations are required due to unforeseen circumstances the commissioners will need to agree any such variation with the provider which could delay or reduce responsiveness, incur additional costs and reduce flexibility to service delivery.</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>• <b>Social value-</b> encouragement of formation of consortia or sub-contracting arrangements could potentially open up smaller/local organisations participation and could harness multiple providers expertise.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Legal challenge-</b> risk of legal challenge is very low if meaningful consultation takes place before the procurement process starts and the procurement process is followed correctly.</li> </ul>

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<ul style="list-style-type: none"><li>• <b>Vertical Integration-</b> there is a potential that responsibilities may sit with one Provider and there is an opportunity to pilot outcome measures across a local geography in this type of arrangement.</li><li>• <b>Wider range of providers</b> – smaller lots for smaller services could enable a wider range of specialist providers to enter the market.</li></ul>	
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## Option 1b: Procurement of a Joint Venture delivery vehicle

### Section A: Summary

#### Description

This option considers an approach of procuring a joint venture delivery vehicle whereby DCC will work with another organisation to deliver the PHNS which may be from the public sector or the private sector.

Joint ventures are arrangements between a minimum of 2 parties, and offer local authorities the opportunity to deliver services with a partner who brings skills and expertise to the partnership that the local authorities do not possess. The partnership can manifest in a number of ways but most likely would be delivered through the creation of a special purpose vehicle (SPV) jointly owned and controlled by the member/owner partners.

The contract for the delivery of the PHNS would be between Devon County Council and the new joint venture organisation.

This option would rely on a 'lift and shift' of most of the existing workforce (c 170- 200wte). This option would put DCC in shared control of the PHNS and provide an opportunity to align the service with other children's and family services it provides/commissions, as well as alignment with the delivery of wider children's services within Devon.

### Section B: Key Features

#### Structure

At the outset it would be up to DCC to determine the best structure for the SPV and ownership split but the organisation could be for profit or not-for profit, limited by shares or guarantee and could be a Community Interest Company. The structure would reflect the future strategic direction of the Authority.

The partner would be expected to bring expertise and knowledge in relation to the many areas of the PHNS that DCC has no experience in delivering, including clinical governance and clinical supervision and CQC registration. Such technical aspects could remain within the scope of the SPV without the complexity of dealing with these issues across only part of DCC operations.

#### HR features

TUPE would apply to all service transfers.

Staff transferring into the SPV would be on the same terms on which they are engaged with VCL be that historic terms and conditions from a previous TUPE transfer or the terms and conditions that have applied as recruited by VCL.

If additional staff are appointed to the SPV it is likely they will need to be on the basis of equal pay between SPV employees and DCC employees. However, this does depend on the exact set up of the SPV.

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If the set up enables the recruited of additional staff to be on different terms and conditions to those offered currently by DCC this could be advantageous, especially if the service is to be re-tendered in the future. Placing DCC staff out into the market place through later out-sourcing can be expensive to new providers and certain arrangements often continue to be under-written by DCC creating long term liabilities for the Authority.

There may be a need for additional staff e.g. for provision of clinical governance, however, this requirement could be delivered through an arrangement with the joint venture partner whereby the governance is delivered to the SPV through expertise bought from the partner without the need to create additional headcount. If there was any permanence or regularity to this arrangement then TUPE may apply.

#### **Legal features**

There would not appear to be any legal obstructions to this option.

The essential aspects of the tender would be clearly set out by DCC. This would include matters such as ownership splits and responsibilities of the parties including governance.

The holding in the SPV would determine the split between the partners regarding risks and rewards as partnerships are not necessarily equal i.e. 50:50. Exact arrangements regarding other elements relating to governance and wider responsibilities would be subject to negotiation and could be difficult and complex.

#### **Financial features**

The contract for the delivery of the PHNS would be placed with the SPV following the procurement. The contract would be specific about the budget, how payment is earned and would satisfy the Public Health Grant determination as all spend would be 100% traceable to the Authority.

The SPV would have a different taxation regime from that of DCC, in relation to corporation tax and VAT. Corporation tax may be payable on any "profits" created by the SPV, and the transfer pricing for any services bought by the SPV from either partner would need to be given due consideration to ensure the transfer is at cost and does not give rise to taxation or state aid issues for either parties.

There would be immediate costs (internal & external) relating to the setting up of the SPV as well as ongoing additional costs relating to the financial reporting regime as described above.

#### **Procurement features**

The partner would be procured through a competitive dialogue process (CDP) led by DCC's procurement office.

The process of Competitive Dialogue enables the buying organisation and market to bring together their knowledge and expertise to develop solutions to deliver specific outcomes. When compared to a fixed tender approach the iterative two-way dialogue (between buying organisation and provider(s)) allows for greater co-production, scrutiny and commitment.

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**Timescale and achievability**

Procuring through a CDP process is a longer process than a straightforward procurement exercise. It would take additional time to set up joint entities and there would be more negotiation required as part of the process. The process would require additional resource from programme management, HR, Finance, Legal and external expertise during the preparation and at the time of transition. It is anticipated that this process would require over 12 months so is not likely to be achievable within the deadline of April 2019.

**Other Considerations**

This option provides the opportunity for the PHNS to align closely with other children's services both within DCC and potentially outside of DCC, depending on the partner, with more direct control than a procured service due to the share of the partnership owned by DCC.

The SPV would have its own Board which would be directly accountable to both partners.

If the partnership is structured correctly from the outset, the opportunity for other partners to join could be kept open, and/ or other services to be placed within the activities to be delivered by the partnership.

## Section C: Ability to Meet Objectives

Objectives	Ability To Meet Objectives	Score (1-10)
<p>To ensure Devon residents have open access to high quality Public Health Nursing Services:</p> <ul style="list-style-type: none"> <li>• services are compliant with national clinically recognised standards</li> <li>• there are clear mechanisms for quality assurance</li> <li>• governance processes are robust/fit for purpose.</li> </ul>	<p>DCC's lack of experience and expertise in delivering a PHNS, CQC registration and providing clinical governance and clinical supervision to a large clinical workforce would be overcome by ensuring that the partner brings these abilities and knowledge.</p>	9
<p>To ensure Devon has an effective Healthy Child Programme and an integrated system, in which all service providers, commissioners and stakeholders work collaboratively to ensure services are evidence based and promote positive child health for its population and improve children and young people's health outcomes.</p>	<p>The PHNS element of HCP would be fully supported through this option due to the direct lines of accountability and a direct commissioner / provider relationship.</p>	8
<p>To ensure that the process for the re-provision of the PHNS does not adversely affect service quality and access.</p>	<p>The transition would need to be very well planned, managed and implemented to ensure that there was no disruption as with any transfer of services between providers. However, the partnership would be with an organisation bringing considerable skills and knowledge and would support DCC whilst ensuring DCC remains in considerable control at all times.</p> <p>This option is not considered achievable due to the procurement process timescales. DCC would need to take great care to minimise the impact to the workforce and service users through loss of staff morale and confidence as the professional framework supporting nursing staff would need to be satisfactorily replaced.</p>	1
<p>To ensure the PHNS is capable of delivering the outcomes detailed within the service specification within the available DCC Public Health Grant allocation.</p>	<p>This option is guaranteed to come within the contract budget and there will be assurance of the direct and appropriate use of</p>	8

	<p>DCC Public Health Grant allocation in accordance with the requirements of the Grant determination. DCC would be able to have direct input into the service as required.</p> <p>There may be options for greater linkages with co-dependent services within DCC e.g. information sharing could become easier. The current financial plans indicate that in the medium term the service could be delivered within the available budget. There would be set-up costs, which would need to be funded from outside the contract value, relating to the creation of the SPV and the negotiation of CPN (Competitive Procedure with Negotiation) and subsequent agreement of all terms and conditions forming the Memorandum and Articles of Association relating to the constitution and governance of the JV.</p> <p>The duration of the contract period may need to be longer than that which might be more common in our standard procurements.</p>	
To ensure that the service delivery model aligns with the strategic vision for the Local Authority (Best Start in Life).	This option provides a good opportunity to align DCC's social and health care responsibilities for children, young people and families as well as the ability to work with other stakeholders and market providers through having some distance from the internal workings of DCC.	8
To ensure that the PHNS is agile and responsive so it is capable of flexing and adapting to changing future needs. This includes the ability to react quickly and adopt new, more efficient ways of working effectively in a timely manner such that best value for money is achieved on an ongoing basis, whilst continuing to drive up quality.	<p>The service could be more responsive as there would be more direct commissioner/provider relationship, should change be needed. Also, there would be an element of market competition, best value for money maybe more likely better achieved than through an in-house option, and external commercial acumen could be brought through the JV partner.</p> <p>A JV would allow DCC the significant levels of responsiveness and flexibility to make changes relatively quickly and easily in relation to budget, service demands and changes e.g. in technology that could achieve efficiencies for the service.</p>	8
	<b>TOTAL</b>	42

## Section D SWOT Analysis

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• <b>Financial Risk</b> - Will ensure the requirements of the financial envelope are met as the budget will be defined as part of the tendering process.</li> <li>• <b>Allows for</b> DCC to benefit from the expertise and knowledge that is brought to the partnership from the partner.</li> <li>• <b>Clinical Governance</b> - Allows for the specific requirements, such as CQC registration, clinical governance, clinical supervision and any related additional liabilities that (such as insurance requirements) to be “ring-fenced” within the SPV and not related to DCC as a whole.</li> <li>• <b>Will ensure direct and appropriate use of Public Health Grant</b> monies, in accordance with the requirements of the Grant determination.</li> <li>• <b>Direct relationship between budget and service</b> - enables strong control of the budget through the life of the contract.</li> <li>• <b>Branding</b> - Allows service specific branding. The joint venture could be branded as a “health” service which would improve staff morale and enable the clarity required by both staff and service users between this and social services.</li> <li>• <b>Recruitment</b> - If additional staff are appointed to the SPV it is likely they will need to be on the basis of equal pay between SPV employees and DCC employees. However, this does depend on the exact set up of the SPV which could allow for recruitment on different T&amp;C’s to standard DCC employee’s.</li> </ul>	<ul style="list-style-type: none"> <li>• Setting up a joint venture will have additional immediate costs and there will be costs associated with the reporting and regulation of the organisation (relating to e.g. tax compliance, VAT, audit and financial regulation) on an ongoing basis.</li> <li>• Negotiations relating to the exact arrangements for the joint venture could be difficult and would also require DCC resource.</li> <li>• DCC would still need to contract manage the arrangement, so no savings would be released at a corporate level.</li> <li>• <b>Workforce</b> – There may be an impact on the staff, including individuals potentially leaving the service.</li> <li>• <b>Timescales</b> - Procuring through a CDP process is a longer process than a straightforward procurement exercise and is not considered achievable within the timescales.</li> </ul>

<p>This could enable an easier transition in the future to a fully out-sourced position if that becomes necessary/desired.</p>	
<p><b>Opportunities</b></p>	<p><b>Threats</b></p>
<ul style="list-style-type: none"> <li>• <b>Social value-</b> opens up the possibility of contracting with locally based providers of similar services</li> <li>• Additional services could be added to the JV at a later date.</li> <li>• Ability to flex and adapt in a relatively short time is more easily achievable due to the partnership arrangement.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Legal challenge-</b> risk of legal challenge is very low if meaningful consultation takes place before the procurement process starts and the procurement process is followed correctly</li> </ul>

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## Option 2a: DCC direct delivery of the PHNS ('In House')

### Section A: Summary

#### Description

This option considers an approach of not procuring PHNS as a separate contract, but bringing the management, delivery and employment for the PHNS service directly within the remit of the County Council, similar to the approach used for the majority of the delivery of Children's Social Care.

This option would rely on a 'lift and shift' of the majority of the existing workforce (c 170-200wte). This option would put DCC in direct control of the PHNS and provide an opportunity to align the service with other children's and family services it provides/commissions.

### Section B: Key Features

#### Structure

It would be up to DCC to determine the best structure for delivery of the service, but this could take place over a number of years, and would not need to be predetermined.

There are regulatory issues in relation to clinical governance and CQC registration which will need to be carefully considered and addressed as the Local Authority structures are not designed at present to be deliverers of clinical services.

#### HR features

TUPE would apply to all service transfers.

Staff transferring into DCC would be on either NHS terms and conditions, or the terms and conditions that have applied as recruited by VCL. DCC already has Admitted Body status which enables the provision of NHS pensions.

There will be some additional workforce required, to provide the necessary skills and capacity particularly in relation to the provision of appropriate clinical leadership and the required governance infrastructure.

#### Legal features

If DCC follow due process there would not appear to be any legal obstructions to this option.

#### Financial features

The service costs and budgets associated with this would be run in the same way as other service costs within DCC. Resource will be required within central functions e.g. finance, estates, ICT, HR, legal, senior operational staff, etc, to provide the necessary back office functions to provide the PHNS. Service delivery would need local bases, and these would need to be resourced by dedicated DCC personnel.

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It is unlikely that there would be any significant difference in costs in the medium term, but there would be additional one-off transitional costs incurred during the mobilisation phase and at the time of transfer.

Ensuring traceability of service spend will need to be considered to ensure to enable assurance and accountability for the Public Health Grant conditions.

**Procurement features**

No procurement process would be required.

**Timescale and achievability**

All timings are within the power of DCC to achieve. Additional resource from programme management, HR, Finance, Legal and other business support services as well as external expertise will be required in preparation for and at the time of transition. The deadline of April 2019 is considered achievable.

**Other Considerations**

This option provides the opportunity for the PHNS to align closely with other children's services without the need for contractual negotiations and variations.

## Section C: Ability to Meet Objectives

Objectives	Ability To Meet Objectives	Score
<p>To ensure Devon residents have open access to high quality Public Health Nursing Services:</p> <ul style="list-style-type: none"> <li>• services are compliant with national clinically recognised standards</li> <li>• there are clear mechanisms for quality assurance</li> <li>• governance processes are robust/fit for purpose.</li> </ul>	<p>DCC currently has no relevant clinical governance structures or processes in place. Additionally, DCC does not currently have a mechanism for adhering to CQC requirements. These can be mitigated by ensuring the early appointment of experienced and skilled staff to develop mobilisation plans and lead the transition of the service within the timescale in order for Devon to have a PHNS, which delivers this objective.</p>	8
<p>To ensure Devon has an effective Healthy Child Programme and an integrated system, in which all service providers, commissioners and stakeholders work collaboratively to ensure services are evidence based and promote positive child health for its population and improve children and young people's health outcomes.</p>	<p>The PHNS element of HCP would be fully supported through this option due to the direct lines of accountability. There would be no need for a commissioner/provider relationship. However, other NHS-based elements of the Healthy Child Programme may be more difficult to engage if PHNS clinical governance is perceived to be weaker. Having the necessary governance infrastructure in place at an early stage will help mitigate this and help achieve this objective.</p>	7
<p>To ensure that the process for the re-provision of the PHNS does not adversely affect service quality and access.</p>	<p>The transition would need to be very well planned, managed and implemented to ensure that there was no disruption. This option is considered achievable within the timescales. However, this option would result in considerable change to the workforce and substantial reassurance of clinical staff would need to be provided to achieve a smooth transfer.</p> <p>DCC would need to take great care to minimise loss of staff morale and confidence as the framework supporting nursing staff would need to be satisfactorily replaced. The early appointment of experienced clinical leadership and early engagement with the current workforce will help</p>	6

<p>To ensure the PHNS is capable of delivering the outcomes detailed within the service specification within the available DCC Public Health Grant allocation.</p>	<p>This option provides DCC with the ability to directly control the service delivery and to achieve the necessary outcomes. Internal mechanisms will need to be put in place to ensure that there is clear oversight and assurance of the direct and appropriate use of DCC Public Health Grant allocation in accordance with the requirements of the Grant determination. There may be options for greater linkages with co-dependent services within DCC e.g. information sharing could become easier. The current financial plans indicate that in the medium term the service could be delivered within the available budget. However, it is expected that during the mobilisation phase of the service additional resources will be required to ensure DCC has the necessary leadership capacity and capability to ensure a smooth transition.</p>	8
<p>To ensure that the service delivery model aligns with the strategic vision for the Local Authority and the STP (Best Start in Life).</p>	<p>This option provides a good opportunity to align DCC's social and health care responsibilities for children, young people and families.</p>	9
<p>To ensure that the PHNS is agile and responsive so it is capable of flexing and adapting to changing future needs. This includes the ability to react quickly and adopt new, more efficient ways of working effectively in a timely manner such that best value for money is achieved on an ongoing basis, whilst continuing to drive up quality.</p>	<p>The service would be more responsive, with fewer layers i.e. there is no commissioner/provider relationship and no contractual obligations to vary etc., should change be needed. But without market competition, best value for money may not be achieved and innovation/input direct from the market may also not be identified at such an early stage.</p> <p>An in-house service would allow DCC the significant levels of flexibility with regard to making changes relatively quickly and easily in relation to budget, service demands and changes e.g. in technology that could achieve efficiencies for the service. Budget reductions can be most easily implemented within in-house services, meaning that future changes in political direction could impact most immediately on PHN services.</p>	10
	<b>TOTAL</b>	48

## Section D SWOT Analysis

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• <b>Clarity of management</b> - performance reporting for DCC services would be straight to Chief Officers</li> <li>• <b>Alignment</b> - Increased opportunity to align DCC’s social and health care responsibilities for children, young people and families.</li> <li>• <b>Responsiveness</b> – the service could respond quickly to changing needs and service demands.</li> <li>• <b>Autonomy</b> – this option allows for more autonomy than in option 1a and 1b.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Governance</b> – No current Clinical and governance infrastructure in place so this would need to be established to deliver the service effectively.</li> <li>• <b>Expertise</b> – While there is currently some staff within DCC who have experience of leading and working within the Public Health Nursing Service DCC will need to secure clinical leadership and operational expertise.</li> <li>• <b>HR</b> – Recruitment and retention of public health workforce, particularly for new roles would need careful consideration. If new staff are offered appointment on DCC terms and conditions and not offered NHS Pensions there is a potential risk this may impact on the ability to recruit new staff, particularly if neighbouring PHNS providers offer NHS terms and conditions (including NHS Pensions).</li> <li>• <b>Stakeholder concerns</b> - the consultation undertaken identified this option as the least most popular option for those that responded.</li> <li>• <b>Financial Risk</b> – Full risks would be borne by DCC without any level of risk-share with independent providers. Traceability of the use of the Public Health Grant may become complex.</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Costs</b> – there will be additional immediate costs relating to the set up. Initial calculations to scope bringing PHN services in-house have demonstrated that services could be delivered within budget but this will be dependent upon on the final TUPE information supplied.</li> <li>• <b>Social Value</b> - There is limited social value created: there is no direct impact on the local economy and no opportunity for smaller or third sector organisations to play a part in service delivery.</li> </ul>
<b>Opportunities</b>	<b>Threats</b>
<ul style="list-style-type: none"> <li>• <b>Re-design</b> - There is an opportunity for re-designing services and integrating services with other DCC services.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Legal challenge</b> – There is a potential risk of a legal challenge if any of the current ICS services are not procured within the open market.</li> </ul>

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**Option 2b: DCC direct delivery of the PHNS through a wholly owned  
Special Purpose Vehicle**

**Section A: Summary**

**Description**

This option considers an approach of not procuring a PHNS but establishing a Special Purpose Vehicle (SPV), from which the PHNS will operate. The contract for delivery of the PHNS could then be directly placed with the newly formed SPV removing the need for procurement and allowing strategic control of the operations within the SPV as the SPV would be a wholly owned subsidiary of DCC.

By placing the activity within the SPV DCC remains in strategic control, whilst benefitting from the clarity of separation day to day of all service delivery from other DCC business. This could be useful for example with regard to:

- Limitation of liability if necessary away from other DCC services and may impact on e.g. insurance cover
- Use of external IT systems
- Clarity of charges for all DCC systems that the SPV would need (or sourcing its own business support activity if that was more cost effective),
- Branding for the separate company to clearly identify Health Visitors as a Health Service
- Upholding any regulatory requirements (such as CQC registration) for only this organisation
- The SPV would be able to pursue wider sources of funding, if appropriate not available to a Council
- Staff transferring into SPV would be on either NHS terms and conditions, or the terms and conditions that have applied as recruited by VCL. If additional staff are appointed to the SPV it is likely that they will need to be on the basis of equal pay between SPV employees and DCC employees. However, this does depend on the exact set up of the SPV. The ability to offer different terms and conditions for new staff will be advantageous if the service was to be out-sourced in the future as it means the staffing arrangements do not impede this and DCC is not left with long term contingent liabilities underwriting expensive pension/redundancy costs;
- Will ensure direct and appropriate use of Public Health Grant monies, in accordance with the requirements of the Grant determination.

The actual constitution of the SPV could be considered to ensure maximum benefit to both the immediate and medium-term goals of DCC. Options include establishing a for profit organisation, (either distributable or not) or a not for profit organisation, which could be limited by guarantee or shares, or could be a Community Interest Company. Corporate Taxation, VAT, audit, reporting and other financial compliance issues would need to be considered.

This option would rely on a 'lift and shift' of the majority of the existing workforce (c170-200wte) into the SPV. This option would put DCC in direct control at a strategic level of the PHNS and provide an opportunity to align the service with other children and family services DCC provides/commissions. Equally, from an external standpoint the separation of the activity within a stand-alone organisation could facilitate greater alignment with wider children's services by enabling swifter responses and direct action.

**Section B: Key Features**

<b>Structure</b>
<p>It would be up to DCC to determine the best structure for delivery of the service. The SPV would have its own Board with the day to day control of the company falling to the directors who would report directly to the Authority.</p> <p>Regulatory issues in relation to clinical governance and CQC registration would need to be addressed for the SPV. However, this option would mean that the regulatory requirements would be restricted to the SPV only and not apply to the whole of DCC.</p>
<b>HR features</b>
<p>TUPE would apply to all service transfers.</p> <p>Staff transferring into SPV would be on either NHS terms and conditions, or the terms and conditions that have applied as recruited by VCL. If additional staff are appointed to the SPV it is likely that they will need to be on the basis of equal pay between SPV employees and DCC employees. However, this does depend on the exact set up of the SPV.</p>
<b>Legal features</b>
<p>There would not appear to be any legal obstructions to this option.</p> <p>Legal advice (internal and external) would be needed in relation to the setting up of the SPV.</p>
<b>Financial features</b>
<p>The contract for the delivery of the PHNS and any other children's services would be placed with the SPV. The contract would be specific about the budget,</p> <p>The SPV would have a different taxation regime from that of DCC, in relation to corporation tax and VAT. Corporation tax may be payable on any "profits" created by the SPV, and the transfer pricing for any services bought by the SPV from DCC would need to be given due consideration to ensure the transfer is at cost and does not give rise to taxation or state aid issues for the SPV.</p> <p>There would be additional costs incurred in both the set-up of the SPV and the on-going financial compliance elements (tax, audit, reporting to companies house etc.)</p>
<b>Procurement features</b>
<p>No procurement process would be required.</p>
<b>Timescale and achievability</b>
<p>All timings are within the power of DCC to achieve. Additional resource from programme management, HR, Finance, Legal and other business support services as well as external expertise will be required in preparation for and at the time of transition. With the additional resources secured the deadline of April 2019 is considered achievable.</p>
<b>Other Considerations</b>

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This option provides the opportunity for the PHNS service to align closely with other children's services delivered by DCC with the minimum disruption through the strategic control of the SPV.

## Section C: Ability to Meet Objectives

Objectives	Ability To Meet Objectives	Score (1-10)
<p>To ensure Devon residents have open access to high quality Public Health Nursing Services:</p> <ul style="list-style-type: none"> <li>• services are compliant with national clinically recognised standards</li> <li>• there are clear mechanisms for quality assurance</li> <li>• governance processes are robust/fit for purpose.</li> </ul>	<p>DCC currently has no relevant clinical governance structures or processes in place. This will need to be developed by the SPV for use within the PHNS only. Additional compliance with CQC and e.g. insurances would be needed. With the additional resources secured this is all achievable within the timescale in order for Devon to have a PHNS which delivers this objective.</p>	8
<p>To ensure Devon has an effective Healthy Child Programme and an integrated system, in which all service providers, commissioners and stakeholders work collaboratively to ensure services are evidence based and promote positive child health for its population and improve children and young people's health outcomes.</p>	<p>The PHNS element of HCP would be fully supported through this option due to the direct lines of accountability. There would be a reduced need for a commissioner/provider relationship due to the internal lines of accountability. However, other NHS-based elements of the Healthy Child Programme may be more difficult to engage if PHNS clinical governance is perceived to be weaker.</p>	7
<p>To ensure that the process for the re-provision of the PHNS does not adversely affect service quality and access.</p>	<p>The transition would need to be very well planned, managed and implemented to ensure that there was no disruption. This option is considered achievable within the timescales. Considerable change would result, and substantial reassurance of clinical staff would need to be provided to achieve a smooth transfer. DCC would need to take great care to minimise loss of staff morale and confidence as the professional framework supporting nursing staff would need to be satisfactorily replaced. The separation of the PHNS from other core DCC services would help to reassure nursing staff and reduce some of the workforce anxiety expressed in the previous PHNS consultation undertaken in January 2017.</p>	6
<p>To ensure the PHNS is capable of delivering the outcomes detailed within the service specification within the available DCC Public Health Grant allocation.</p>	<p>This option would mean that DCC would strategically control the service, via the company. This option will provide assurance of the direct and appropriate use of DCC Public Health Grant allocation in accordance with the requirements of the Grant determination. There may be options for greater linkages with co-dependent services within DCC e.g. information sharing could become easier.</p>	8

	The current financial plans indicate that in the medium term the service could be delivered within the available budget. However, it is expected that during the mobilisation phase of the service additional resources will be required to ensure DCC has the necessary capacity and capability to ensure a smooth transition.	
To ensure that the service delivery model aligns with the strategic vision for the Local Authority (Best Start in Life).	This option provides a good opportunity to align DCC's social and health care responsibilities for children, young people and families.	9
To ensure that the PHNS is agile and responsive so it is capable of flexing and adapting to changing future needs. This includes the ability to react quickly and adopt new, more efficient ways of working effectively in a timely manner such that best value for money is achieved on an ongoing basis, whilst continuing to drive up quality.	The service could be more responsive as there would be a more direct commissioner/provider relationship should change be needed. But without market competition, best value for money may not be achieved and innovation/input direct from the market may also not be identified at such an early stage. Delivery through a dedicated SPV would allow DCC the significant levels of flexibility with regard to making changes relatively quickly and easily in relation to budget, service demands and changes e.g. in technology that could achieve efficiencies for the service.	9
	<b>TOTAL</b>	<b>47</b>

## Section D SWOT Analysis

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• <b>Clarity of management</b> – the SPV would have a Board which was directly accountable into DCC chief officers</li> <li>• <b>Increased opportunity to align PHNS with DCC children services.</b></li> <li>• <b>Financial risk to DCC</b> – The SPV would have a contract with a specification to deliver against and an agreed contract price to support that activity. Any further support needed from DCC would need to be “bought” at cost thus ensuring value for money and accountability. Additionally, the requirements of the Public Health Grant (direct traceability) would be met.</li> <li>• <b>Branding</b> – This allows the ability to retain a strong PHNS brand</li> <li>• <b>Autonomy</b> – this option allows for more autonomy than an in-house option, and absolute focus on the PHNS and any other contracted activity.</li> <li>• </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Set-up costs</b> – there will be additional immediate costs relating to set up and there will be costs associated with the reporting and regulation of the organisation (relating to e.g. tax compliance, VAT, audit and financial regulation) on an ongoing basis.</li> <li>• DCC would still need to contract manage the arrangement, so no savings would be released at a corporate level.</li> <li>• <b>Governance</b> – Clinical governance mechanisms would need to be established by DCC as part of the SPV.</li> <li>• <b>Workforce</b> – There is likely to be an impact on the staff, including individuals potentially leaving the service.</li> <li>• <b>Social Value</b> – There is no opportunity for out of area profit based organisations to be involved in the delivery of these services, thus retaining social value.</li> <li>• <b>HR</b> - the terms and conditions for staff are likely to be compliant with those of DCC, which may impact on any external tender in the future.</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>• <b>Re-design</b> - There is an opportunity for re-designing services and integrating services with other DCC services.</li> <li>• <b>Development</b> - The SPV could provide the vehicle to deliver other DCC services and could even be developed to deliver services on behalf of other organisations (public sector) if this was a desirable strategic output for DCC.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Legal challenge</b> – There is a potential risk of a legal challenge if any of the current ICS services are not procured within the open market.</li> </ul>

## 4.0 Option appraisal summary

- 4.1 The options appraisal identified that, except for option 1b, all the service delivery options are all achievable within the timeframe. All options were assessed as having a high degree of confidence that the service would be deliverable within budget. The summary table provides an overview of the scoring assessed against the strategic objectives. The table demonstrates that while each option has strengths and weaknesses the overall scoring for the options, excluding option 1b, are comparable. Actions would be required to mitigate as much as possible the weaknesses identified in all the options

### Summary of options appraisal

Strategic Objective	1a	1b	2a	2b	Comments
1	10	9	8	8	Option 1a would be the lowest risk option in achieving this objective as the tender process ensures that the award of contract is only possible to a provider who demonstrates full compliance with these quality requirements. The scores for option 2a & 2b are predicated on DCC putting in place the necessary clinical leadership, processes and governance arrangements to uphold quality assurance. As these will have to be developed in full a score less than 1a & 1b has been awarded.
2	8	8	7	7	The current service is provided within an integrated children's service. Ensuring a more joined up health and care system for children, young people and families was a prominent theme identified within the consultation, as was the need to ensure the PHNS is not diluted at the expense of the delivery of the universal health child programme. Assurance of the continued focus on the delivery of the Healthy Child Programme would elevate the scores for option 2a & 2b to equal option 1a & 1b.
3	8	1	6	6	Option 1b has scored 1 as this has been identified as not achievable within the required timescales and therefore would have a significant impact on the service quality and access. Key to achieving this objective is the capability to retain and continue to recruit a high quality PHN workforce. The consultation expressed some concern in relation to terms and conditions of employment and particularly access to NHS Pensions. If early assurance can be given to the workforce in relation to retaining comparable terms and conditions, including access to NHS Pensions, the scores for option 2a & 2b would be increased.
4	9	8	8	8	Option 1a would be a block contract so expenditure would be almost certainly contained within the allocated public health grant although this would depend on a successful procurement and award of contract within the financial envelope. The other options do present slightly less certainty in relation to delivery within budget as these will require the establishment of new services.

<b>5</b>	7	8	9	9	Options 2a & 2b will provide the greatest opportunity to ensure the services are aligned to the local authority vision as the local authority will be in direct control of service delivery. The inclusion of a clear strategic vision within the service specification and the ability to articulate this within market warming events would increase confidence in the ability to achieve this through options 1a & 1b which therefore could increase the score of these options.
<b>6</b>	7	8	10	9	Option 2a provides the best opportunity to provide an agile and responsive service offer as DCC will have direct control of the service. While the principles of this objective can be included within option 1a there would inevitably be contractual processes to be undertaken to achieve this which may impact on the capability to react to changing future needs within a timely manner.
<b>TOTAL</b>	<b>49</b>	<b>42</b>	<b>48</b>	<b>47</b>	

## APPENDIX A

### Indicative Procurement Time Table PHNS Contract

ITT		
TASK	DEADLINE or DATE	Time Allowed
PNF, Options appraisal / business case / impact assessment		
Market Testing and Engagement		
Service User consultation (this could add up to 8 weeks to the process)		
Develop Specification		
Forming Tender Documents and evaluation questions		
DCC Cabinet sign-Off		
Tender sign Off of T&C's, ITT and Evaluation Questions.		
Ojeu notice	16/04/18	(need to allow 5 days for OJEU notice prior to launch)
Launch Tender	23/04/18	6 weeks as complex and new to the market
Tender Closing date	01/06/18	
Evaluation Process (Compliance, Selection, Quality evaluation, Moderation and financials)	04/06/2018 – 01/08/18	2 Months
Preparation of evaluation and debrief reports and Award Approval report. Due Diligence checks.	01/08/18 - 31/08/18	1 Month (due to Summer holidays)
DCC Cabinet	tbc	Plus 5 days call in
Stand still period begins - ends	18/09/18 – 28/09/18	10 days
Implementation	01/10/18 - 01/04/2019	6 months
Contract start date	<b>01/04/2019</b>	

	Procurement
	Commissioning
	All

## APPENDIX B

### Indicative Procurement Time Table PHNS Contract Competitive Process with Negotiation

Task	Date
Consultation	TBA
Specification design	TBA
ITT design	26 <sup>th</sup> February 2018
<b>Publish Advert</b>	<b>29<sup>th</sup> March 2018</b>
Issue ISIT Documents to Tenderers	<b>29<sup>th</sup> March 2018</b>
Bidder Event	<b>5<sup>th</sup> April 2018</b>
Last Date for Tenderers to submit ISIT Questions	<b>1<sup>st</sup> May 2018</b>
Last Date for the Authorities to Answer ISIT Questions	<b>3<sup>rd</sup> May 2018</b>
Deadline for Initial Tender submission	<b>10<sup>th</sup> May 2018</b>
Authorities evaluate and moderate Initial Tenders	<b>17<sup>th</sup> May 2018 to 14<sup>th</sup> June 2018</b>
Notification of results of ISIT stage. Unsuccessful Tenderers notified of the reasons	<b>21<sup>st</sup> June 2018</b>
Negotiation with selected Tenderers	<b>3<sup>rd</sup> July 2018</b>
Negotiation closed. Issue ISFT Documents	<b>13<sup>th</sup> September 2018</b>
Last Date for Tenderers to submit ISFT Questions	<b>4<sup>th</sup> September 2018</b>
Last Date for the Authorities to Answer ISFT Questions	<b>1<sup>st</sup> October 2018</b>
Deadline for Final Tender submission	<b>8<sup>th</sup> October</b>
Evaluation of Final Tenders	<b>11<sup>th</sup> October to 25<sup>th</sup> October 2018</b>
Moderation	<b>29<sup>th</sup> October 2018 to 2<sup>nd</sup> November 2018</b>
Preferred Bidder identified/Contract Award report and sign off	<b>8<sup>th</sup> November 2018 to 14<sup>th</sup> November 2018</b>
Confirm availability of team with Preferred Bidder	<b>15<sup>th</sup> November 2018</b>
Standstill notices issued	<b>14<sup>th</sup> November 2018</b>
Award Contract	<b>26<sup>th</sup> November 2018</b>
Inaugural Meeting	<b>28<sup>th</sup> November 2018</b>
Commence Mobilisation	<b>29<sup>th</sup> November 2018</b>
Service start	<b>1 April 2019</b>



# Impact Assessment

Version 2018

To publish, please send a dated PDF to [impactassessment-mailbox@devon.gov.uk](mailto:impactassessment-mailbox@devon.gov.uk)

<b>Assessment of:</b>	<b>Provision of 0-19 Public Health Nursing Service from April 2019</b> <b>Service delivery options for April 2019 onwards –</b>
<b>Service:</b>	<b>Public Health</b>

<b>Head of Service:</b>	Dr Virginia Pearson, Chief Officer for Communities, Public Health, Environment & Prosperity; Director of Public Health
<b>Date of sign off by Head Of Service/version:</b>	30 <sup>th</sup> January 2018
<b>Assessment carried out by (incl. job title):</b>	Steve Brown (Deputy Director of Public Health) & Jon Richards (Senior Commissioning Officer)  Contributors: John Amosford (Advanced Public Health Practitioner), Helena Freeman (Public Health Business and Innovation Manager)

## Section 1 – Background

<p>Description:</p>	<p>The Public Health Nursing Service delivers the following key services to help support babies, children, young people and their families to adopt/maintain a healthy lifestyle. The current service areas are:</p> <ul style="list-style-type: none"> <li>• Health Visiting (0-5 years old) including New Born Hearing Screening</li> <li>• School Nursing (5-19 years old) including Level 1 Bladder and Bowel assessment and support</li> <li>• National Childhood Measurement Programme (NCMP)</li> </ul> <p>Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are set in place during pregnancy and in early childhood. What happens during these early years has lifelong effects on many aspects of health and wellbeing, educational achievement and economic status.</p> <p>The current 0-19 population in Devon is 162,000, with between 7,000 and 7,500 new births per year. Our vision is to co-develop an innovative Public Health Nursing Service which is capable of connecting, empowering, enabling and motivating Devon children, young people and their families who wish to take responsibility for their own health and wellbeing to change their behaviour with an overall aim to reduce premature deaths and reduce health inequalities in Devon.</p> <p>The objective is to ensure that the service will provide prevention and early intervention support for babies, children, young people and their families in Devon. As advocated by Professor Sir Michael Marmot, the service adopts a proportionate universalism focus on the 0-19 population, which means targeting those who currently do not have a health condition or illness, but are at higher health risk in adulthood if they continue with their current lifestyles and/or behaviours.</p>
<p>Reason for change/review:</p>	<p>Public Health was transferred from the NHS to local government in 2013, and therefore is now part of Devon County Council. School Nursing responsibilities were transferred at that time, but Health Visiting responsibilities remained with NHS England until October 2015 in order that the national 'A Call to Action 2011' programme was completed; this programme was set up to deliver on the Government's commitment to increase the number of Health Visitors nationally by 4,200 by March 2015 and to transform services with a clear structure of mandated early years health reviews. Commissioning Public Health Nursing Services for 0-19s has therefore been a statutory responsibility of Devon County Council since that time.</p>

The service forms part of the Director of Public Health's responsibilities for 'any of the Secretary of State's public health protection or health improvement functions that s/he delegates to local authorities, either by arrangement or under regulations – these include services mandated by regulations made under section 6C of the NHS 2006 Act, inserted by section 18 of the 2012 Act'

The current jointly commissioned contract for Integrated Childrens Services (Devon), which includes Public Health Nursing Service alongside CAMHS and a range of services for Children with Additional Needs such as Portage and ROVICs (Rehabilitation Officer for Visually Impaired Children service), is due to come to an end on 31<sup>st</sup> March 2019 at the end of a one-year interim contract which Devon's Cabinet had agreed in March 2017 following consultation on how Public Health Nursing Services should be commissioned and delivered in the first months of 2017. This is to be achieved under the terms of a Section 75 agreement, by which NEW Devon CCG would then act as Lead Commissioner for agreeing the interim contract, and DCC would pass over the budget for Public Health Nursing to NEW Devon CCG for the duration of the interim contract.

The Public Health Nursing Service is funded within the context of a diminishing local authority Public Health Grant, as the Comprehensive Spending Review (CSR) 2015 announced a five year annual reduction to the Public Health Grant amounting to 15.1%. The Devon Public Health Nursing Service will however continue to adhere to the PHE national guidance on commissioning the Healthy Child Programme 0-19yrs and Public Health Nursing services, but inevitably some further revisions to the service model will be required.

At the Devon County Council Cabinet meeting, held on the 11<sup>th</sup> October 2017, the Cabinet approved the undertaking of an option appraisal for the provision of the 0-19 Public Health Nursing Service, Portage and ROVICs services from April 2019 onwards. This Impact Assessment is intended to assess the potential impacts of each of the service delivery options for the future provision of the 0-19 PHNS from April 2019.

## Section 2 - Impacts, options and recommendations

See sections 3, 4 and 5 for background analysis

## Options Appraisal and Recommendations:

In considering the service delivery options a set of strategic objectives were developed. Each option was considered against ability to deliver the objectives.

**Strategic Objectives:**

1. To ensure Devon residents have open access to a high quality 0-19 Public Health Nursing Service:
  - services are compliant with national clinically recognised standards.
  - there are clear mechanisms for quality assurance.
  - governance processes are robust/fit for purpose.
2. To ensure Devon has an effective Healthy Child Programme and an integrated system, in which all service providers, commissioners and stakeholders work collaboratively to ensure services are evidence based and promote positive child health for its population and improve children and young people's health outcomes.
3. To ensure that the process for the re-provision of the PHNS does not adversely affect service quality and access.
4. To ensure the PHNS is capable of delivering the outcomes detailed within the service specification within the available DCC Public Health Grant allocation.
5. To ensure that the service delivery model aligns with the strategic vision for the Local Authority (Best Start in Life).
6. To ensure that the PHNS is agile and responsive so it is capable of flexing and adapting to changing future needs. This includes the ability to react quickly and adopt new, more efficient ways of working effectively in a timely manner such that best value for money is achieved on an ongoing basis, whilst continuing to drive up quality.

In addition to the assessment against the strategic objectives all options were analysed to a set of assumptions which remain, irrespective of the option that is determined to be the preferred option. These are:

- The specification for the PHNS is based upon the national template 0-19 Healthy Child Programme.
- The budget (£10million per annum) for the service does not alter.
- Identification of core public health nursing staff who are likely to be eligible for TUPE will be relatively straightforward however obtaining a full TUPE transfer list from the current incumbent will require a longer time period so some assumptions have been made on the staffing requirements.

The following service delivery options were considered and fall into 2 broad categories:

1. **Procurement of the PHNS**
2. **DCC direct delivery of the PHNS**

Within each of the categories 2 options are considered:

**Procurement of the PHNS**

- 1a: **Open procedure with one contract;**
- 1b: **Procure a joint venture delivery vehicle**

**DCC direct delivery of the PHNS**

- 2a: **'In-house' as a department of DCC.**
- 2b: **Placing all activity relating to the PHNS into a wholly owned subsidiary of DCC;**

The table below contains a summary of the options appraisal. The full options appraisal is available.

**Summary of Options Appraisal**

Option	Key Strengths	Key Weakness	Cost / Achievability	Mitigating actions
(1a) <b>Open procedure with one contract;</b>	<b>Financial Risk</b> – Will ensure the requirements of the financial envelope are met as the budget will be defined as part of the tendering process.  <b>Clinical Governance</b> – Provider	<b>Responsiveness:</b> If contract variations are required due to unforeseen circumstances the commissioners will need to agree any such variation with the provider which could delay or reduce responsiveness, incur additional costs and	There is a potential risk of market failure if providers assess that the service is not deliverable within the budget available.	The development of a good commissioner/provider relationship. Through the procurement process DCC will ensure that the delivery model will align to the strategic vision with the contract setting out

	<p>would have all the necessary governance requirements, such as CQC registration, clinical governance processes, clinical supervision and any related additional liabilities that (such as insurance requirements).</p> <p><b>Will ensure direct and appropriate use of Public Health Grant monies</b>, in accordance with the requirements of the Grant determination.</p> <p><b>Direct relationship between budget and service</b> - enables full control of the budget through the life of the contract.</p> <p><b>Workforce</b> – The impact on the staff, including potentially leaving the service, is likely to be less than the other options to leave the service as this option was more favourably received in the earlier consultation.</p> <p><b>Branding</b> - Enables branding to be separate from DCC and to have a potential clear alignment with “health” services</p>	reduce flexibility to service delivery.	Considered achievable within the timescale.	clear and precise contract review clauses which will highlight the scope and nature of possible variations and these will not alter the overall nature or scope of the contract.
<p><b>(1b)</b></p> <p><b>Procure a joint venture delivery vehicle</b></p>	<p><b>Financial Risk</b> - Will ensure the requirements of the financial envelope are met as the budget will be defined as part of the tendering process.</p> <p><b>Allows for</b> DCC to benefit from the expertise and knowledge that is brought to the partnership from the partner.</p>	<b>Set Up</b> - Setting up a joint venture will have additional immediate costs and there will be costs associated with the reporting and regulation of the organisation (relating to e.g. tax compliance, VAT, audit and financial regulation) on an ongoing basis.	This option is not considered achievable due to the procurement process timescales so therefore has to be dismissed for service	This option could only be considered if additional time was available and so should remain a delivery option as part of any future consideration of service delivery models.

	<p><b>Clinical Governance</b> - Allows for the specific requirements, such as CQC registration, clinical governance, clinical supervision and any related additional liabilities that (such as insurance requirements) to be “ring-fenced” within the SPV and not related to DCC as a whole.</p> <p><b>Will ensure direct and appropriate use of Public Health Grant</b> monies, in accordance with the requirements of the Grant determination.</p> <p><b>Direct relationship between budget and service</b> - enables strong control of the budget through the life of the contract.</p> <p><b>Branding</b> - Allows service specific branding. The joint venture could be branded as a “health” service, which would improve staff morale and enable the clarity required by both staff and service users between this and social services.</p> <p><b>Recruitment</b> - If additional staff are appointed to the SPV it is likely they will need to be on the basis of equal pay between SPV employees and DCC employees. However, this does depend on the exact set up of the SPV, which could allow for recruitment on different T&amp;C’s to standard DCC employee’s. This could enable an easier transition in the future to a fully out-sourced position if that becomes necessary/desired.</p>	<p><b>Negotiations</b>- relating to the exact arrangements for the joint venture could be difficult and would also require DCC resource.</p> <p><b>Contract Management</b> - DCC would still need to contract manage the arrangement, so no savings would be released at a corporate level.</p> <p><b>Workforce</b> – There may be an impact on the staff, including individuals potentially leaving the service.</p> <p><b>Timescales</b> - Procuring through a CDP process is a longer process than a straightforward procurement exercise and is not considered achievable within the timescales.</p>	<p>delivery from April 2019.</p>	
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<p>(2a)</p> <p><b>'In-house' as a department of DCC.</b></p>	<p><b>Clarity of management</b> - performance reporting for DCC services would be straight to Chief Officers</p> <p><b>Alignment</b> - Increased opportunity to align DCC's social and health care responsibilities for children, young people and families.</p> <p><b>Responsiveness</b> – the service could respond quickly to changing needs and service demands.</p> <p><b>Autonomy</b> – this option allows for more autonomy than in option 1a and 1b.</p>	<p><b>Governance</b> – No current Clinical and governance infrastructure in place so this would need to be established to deliver the service effectively.</p> <p><b>Expertise</b> – While there are currently some staff within DCC who have experience of leading and working within the Public Health Nursing Service DCC will need to secure clinical leadership and operational expertise.</p> <p><b>HR</b> – Recruitment and retention of public health workforce, particularly for new roles would need careful consideration. If new staff are offered appointment on DCC terms and conditions and not offered NHS Pensions there is a potential risk this may impact on the ability to recruit new staff, particularly if neighbouring PHNS providers offer NHS terms and conditions (including NHS Pensions).</p> <p><b>Stakeholder concerns</b> – the consultation undertaken identified this option as the least most popular option for those that responded.</p> <p><b>Financial Risk</b> – Full risks would be borne by DCC without any level of risk-share with independent providers.</p>	<p>This option is considered deliverable within the timescales.</p> <p>Initial calculations to scope bringing PHN services in-house has demonstrated that services could be delivered within budget although it is likely that some on-off set up costs will be required.</p>	<p>The early appointment of an experienced and skilled service lead and senior staff to ensure the establishment of the necessary service infrastructure including the required CQC registration, processes and governance arrangements to uphold quality assurance would mitigate some weaknesses identified. The development of a transition plan, led by the Chief Officer of Childrens Services, would provide assurance of senior leadership to lead the transfer of service and workforce.</p> <p>DCC already has Admitted Body status, which will enable the provision of NHS pensions.</p>

		<p>Traceability of the use of the Public Health Grant may become complex.</p> <p><b>Costs</b> – there will be additional immediate costs relating to the set up. Initial calculations to scope bringing PHN services in-house have demonstrated that services could be delivered within budget but this will be dependent upon on the final TUPE information supplied.</p>		
<p>(2b)</p> <p><b>Placing all activity relating to the PHNS into a wholly owned subsidiary of DCC;</b></p>	<p><b>Clarity of management</b> – the SPV would have a Board which was directly accountable into DCC chief officers</p> <p><b>Increased opportunity to align PHNS with DCC children services.</b></p> <p><b>Financial risk to DCC</b> – The SPV would have a contract with a specification to deliver against and an agreed contract price to support that activity. Any further support needed from DCC would need to be “bought” at cost thus ensuring value for money and accountability. Additionally, the requirements of the Public Health Grant (direct traceability) would be met.</p> <p><b>Branding</b> – This allows the ability to retain a strong PHNS brand</p>	<p><b>Set-up costs</b> – there will be additional immediate costs relating to set up and there will be costs associated with the reporting and regulation of the organisation (relating to e.g. tax compliance, VAT, audit and financial regulation) on an ongoing basis.</p> <p>Contract management: DCC would still need to contract manage the arrangement, so no savings would be released at a corporate level.</p> <p><b>Governance</b> – Clinical governance mechanisms would need to be established by DCC as part of the SPV.</p> <p><b>Workforce</b> – There is likely to be an impact on the staff,</p>	<p>This option is considered deliverable within the timescales.</p> <p>Initial calculations demonstrated that the service could be delivered within budget although it is likely that some on-off set up costs will be required.</p>	<p>The early appointment of an experienced and skilled service lead and senior staff to ensure the establishment of the necessary service infrastructure including the required CQC registration, processes and governance arrangements to uphold quality assurance would mitigate some weaknesses identified. The development of a transition plan, lead by the Chief Officer of Childrens Services, would provide assurance of senior leadership to lead the transfer of service and workforce.</p> <p>DCC already has Admitted Body status, which will enable the provision of NHS pensions.</p>

	<p><b>Autonomy</b> – this option allows for more autonomy than an in-house option, and absolute focus on the PHNS and any other contracted activity.</p>	<p>including individuals potentially leaving the service.</p> <p><b>HR</b> - the terms and conditions for staff are likely to be compliant with those of DCC which may impact on any external tender in the future.</p>		
Social/equality impacts (summary):	<p>The service will continue to work to the localised National Specification from April 2019, which has a positive impact on tackling health inequalities as the fundamental principle of what it seeks to address. The service model will enable the continued provision of a more effective and efficient delivery of the Universal and Targeted elements of the service, with improved timeliness, accessibility and responsiveness to families' needs where possible. The service specification includes clear equality and access requirements, and the impact on children, young people and their families with protected characteristics and/or other vulnerabilities will continue to be monitored and evaluated as the revised model develops.</p>			
Environmental impacts (summary):	<p>Some healthy lifestyle behaviours can contribute to environmental goals.</p> <p>There is no identifiable environmental impact caused regardless of which service delivery model is chosen.</p>			
Economic impacts (summary):	<p>Good health is a factor affecting people's ability to work.</p> <p>There is no identifiable economic impact necessarily caused by the service model delivery decisions.</p>			
Other impacts (partner agencies, services, DCC policies, possible 'unintended consequences'):	<p>Improving health outcomes through more effective delivery of a range of Universal and Targeted Public Health services should often reduce dependence on other health and social care services. However, the development of more clearly integrated working with maternity services, Children's Centres and others will also protect against unplanned impact on partners and other services.</p> <p>The 0-19 Public Health Nursing Service is currently part of an integrated children's health service and in making the decision not to continue to be part of any future integrated health service there is a risk the 0-19 PHNS results in a disintegrated health system. It is important that, regardless of the service delivery model, that public health nursing is aligned to the total service offer for children, young people and families. This includes ensuring alignment and good close working relationship with all services for children, young people</p>			

	and families, including primary care, NHS, social care, early years and education. Achievement of this require good strategic leadership and a service offer capable of adapting and responding to health needs.
How will impacts and actions be monitored?	Once a service delivery model is agreed an ongoing programme of monitoring and evaluation will be put in place to ensure the best possible public health nursing service is available to Devon residents. This will be led by the service provider.

# Background Analysis

This section describes how relevant questions and issues have been explored during the options appraisal.

## Section 3 - Profile and views of stakeholders and people directly affected

<p>People affected:</p>	<p>The current 0-19 population in Devon is 162,000, with between 7,000 and 7,500 new births per year and a school-age (5-19years) population of around 123,000 spread across the fourth largest local authority by area in England.</p> <p>Therefore, in terms of delivery of the service all children, young people and their families and anyone who has a works directly or provides a service could be affected.</p>
<p>Diversity profile and needs assessment of affected people:</p>	<p>The health and wellbeing of Devon’s children and young people is relatively good across the population, with better than average rates for many measures – for example, Life Expectancy at Birth, Breastfeeding Initiation, Child Poverty, School Readiness, Under 18 conceptions, and most Immunisations and Vaccinations. However, within the county, rates can vary considerably between Local Super Output Areas and within specific vulnerable groups; these inequalities need to be addressed at a local level.</p> <p>A small number of measures indicate a worse than average health profile: these include adolescent smoking prevalence (though this is against a backdrop of a continuing overall fall in smoking across the population nationally and in Devon), Chlamydia detection rate (in common with a number of Local Authority areas across the Southwest), and some emotional and mental health indicators such as hospital admissions due to alcohol specific conditions and self-harm. Successive academic and economic reviews have demonstrated the economic and social value of prevention and early intervention programmes in pregnancy and the early years.</p> <p>There is a strong evidence-base for improved health, social and educational outcomes from a systematic approach to early child development. Research shows that:</p> <ul style="list-style-type: none"> <li>• a baby’s brain and neurological pathways are laid down for life between pregnancy and in the first 2 years when 80% of a baby’s brain development takes place</li> <li>• this critical period for brain development is a key determinant of intellectual, social and emotional health and</li> </ul>

wellbeing

- neuroscience and developmental psychology show that interactions and experiences with caregivers in the first months of a child's life determine whether the child's developing brain structure will provide a strong or weak foundation for their future health, wellbeing, psychological and social development
- prevention and early intervention is described as a powerful equaliser which merits investment

(Irwin et al 2007, Marmot 2010)

There is also a strong evidence base for prevention and early intervention programmes as children grow and develop. Research shows that:

- mortality and morbidity for this age group remain largely preventable and rates vary widely across the Country
- this is a life stage of significant neural, emotional and physical development and when change is possible
- nationally, our 9.9 million young people have poorer health outcomes than those in many other developed nations
- inequality has a significant negative effect on health in adolescence
- keeping young people safe from harm is an important priority for all of us
- the consequences of poor health in this age period last a lifetime

For further details, see: 'Improving young people's health and wellbeing – A framework for Public Health' (Public Health England 2014) [http://cdn.basw.co.uk/upload/basw\\_72800-4.pdf](http://cdn.basw.co.uk/upload/basw_72800-4.pdf)

The evidence also tells us that treating different, specific health issues separately will not tackle the overall wellbeing of this generation of young people.

The overall aim is to contribute to the improvement in the health and wellbeing that support all children and young people and to keep children and families safe and reduce health related risks across the life-course through delivery of universal public health assessments and implementation of public health interventions designed to identify and address difficulties and issues as early as possible to prevent exacerbation, and work with other agencies to garner additional support at the earliest opportunity where longer term intervention is needed. Within proportional universalism, resources are focussed on the most deprived geographical communities and communities of need within Devon to improve their health outcomes.

Universal and specialist public health services for children are important in promoting the health and wellbeing of all children and reducing inequalities including:

- Undertaking the five mandated Universal assessments at antenatal, new birth, 6-8 weeks, 1 year, and 2 to 2½ years and the National Child Measurement Programme undertaken at Reception and Year 6
- Delivery of the Healthy Child Programmes 0-5 years and 5-19 years
- Assessment and intervention when a need is identified and
- On-going work with children and families with multiple, complex or safeguarding needs in partnership with other key services including early years, children's social care and primary care where required.

The service will ensure that the Healthy Child Programme is provided to all children and young people (0-19) and their families who are resident in the Devon County Council area. This includes the antenatal period for all families from 28 week gestation, or earlier if midwifery identifies a vulnerable family for which there is likely to be an on-going public health need. It also includes all young people of statutory school age whose home address is located within the Devon County Council boundaries and extends to children and young people who do not live within the Council area but are attending a Devon state funded school/college or Devon community setting in which the Service is providing an intervention.

This includes priority groups, such as:

- Looked After Children
- Care Leavers
- Young Carers
- Lesbian, Gay, Bisexual ,Transgender, Questioning (LGBTQ)
- gypsy, Roma and traveller communities
- other ethnic communities with specific Public Health needs
- children with additional needs
- children with parents/carers with a learning disability
- families who are vulnerable to domestic and/or sexual violence and abuse

In addition, the service is tasked to deliver an evidence based targeted programme of additional Public Health Nursing support to families, identified and assessed as vulnerable antenatally, who require more intensive and sustained intervention for the first 1001 days.

A comprehensive summary of relevant National Institute of Clinical Excellence (NICE) and Public Health England (PHE)

	<p>guidance for service delivery can be found at:</p> <p><a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/493625/Service_specification CG4_FINAL_1_9Jan2016.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/493625/Service_specification CG4_FINAL_1_9Jan2016.pdf</a></p> <p>Health profiles are produced by the Public Health team and published on the Devon Health and Wellbeing website: <a href="http://www.devonhealthandwellbeing.org.uk">http://www.devonhealthandwellbeing.org.uk</a></p> <p>Health Needs Assessments are published at:</p> <p><a href="http://www.devonhealthandwellbeing.org.uk/library/hea/">http://www.devonhealthandwellbeing.org.uk/library/hea/</a></p> <p>Needs assessments for some protected characteristic groups such as Lesbian, Gay, Bisexual and Trans people and Gypsies and Travellers are available here:</p> <p><a href="http://www.devonhealthandwellbeing.org.uk/library/needs-assessments/">http://www.devonhealthandwellbeing.org.uk/library/needs-assessments/</a>.</p> <p>The Annual Public Health Reports which look at health inequalities and Devon’s population needs can be found at: <a href="http://www.devonhealthandwellbeing.org.uk/aphr">http://www.devonhealthandwellbeing.org.uk/aphr</a></p>
Other stakeholders (agencies etc.):	<p>Other key stakeholders will include (not exhaustive): GPs, NHS maternity services, other NHS services for children and families, dental services, community pharmacies, opticians etc; Schools and their phase associations, Children’s Centres and their provider organisations, Children’s Social Work Service, Youth Offending Service, substance misuse services for adults and young people, and other specialist services for children and families; Devon Health and Wellbeing Board, Devon Children and Families Partnership (incorporating Devon’s local safeguarding board function); the current workforce, the current provider; parent and young people’s forums, service user groups; local community and voluntary sector services for children and young people; HealthWatch Devon, local and national interest groups for children and other potential providers.</p>
Consultation process and results:	<p>The public consultation was undertaken through the Have Your Say website from the 6<sup>th</sup> December 2017 – 15<sup>th</sup> January 2018. A total of 135 responses were received through the website with an additional four written responses. The full consultation response can be accessed via <a href="#">PHNS Consultation Report</a></p>
Research and information used:	<p>The comprehensive summary of relevant National Institute of Clinical Excellence (NICE) and Public Health England (PHE) guidance for service delivery can be found at:</p> <p><a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/493625/Service_specification CG4_FINAL_1">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/493625/Service_specification CG4_FINAL_1</a></p>

## Section 4a - Social Impacts

### Giving Due Regard to Equality and Human Rights

The local authority must consider how people will be affected by the service, policy or practice. In so doing we must give due regard to the need to:

- Page 96
- Eliminate unlawful discrimination, harassment and victimisation
  - Advance equality of opportunity and
  - Foster good relations.

Where relevant, we must take into account the protected characteristics of age, disability, gender, gender reassignment, pregnancy and maternity, marriage and civil partnership, sexual orientation, race, and religion and belief.

This means considering how people with different needs get the different services they require and are not disadvantaged, and facilities are available to them on an equal basis in order to meet their needs; advancing equality of opportunity by recognising the disadvantages to which protected groups are subject and considering how they can be overcome.

We also need to ensure that human rights are protected. In particular, that people have:

- A reasonable level of choice in where and how they live their life and interact with others (this is an aspect of the human right to 'private and family life').
- An appropriate level of care which results in dignity and respect (the protection to a private and family life, protection from torture and the freedom of thought, belief and religion within the Human Rights Act and elimination of discrimination and the promotion of good relations under the Equality Act 2010).

- A right to life (ensuring that nothing we do results in unlawful or unnecessary/avoidable death).

The Equality Act 2010 and other relevant legislation does not prevent the Council from taking difficult decisions which result in service reductions or closures for example, it does however require the Council to ensure that such decisions are:

- Informed and properly considered with a rigorous, conscious approach and open mind, taking due regard of the effects on the protected characteristics and the general duty to eliminate discrimination, advance equality and foster good relations.
- Proportionate (negative impacts are proportionate to the aims of the policy decision)
- Fair
- Necessary
- Reasonable, and
- Those affected have been adequately consulted.

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Characteristics	<p><b>In what way can you eliminate or reduce the potential for direct or indirect discrimination, harassment or disadvantage?</b></p> <p><b>Are there any lawful, reasonable and proportionate, unavoidable negative consequences?</b></p>	<p><b>In what way can you advance equality (meet needs, encourage participation, make adjustments for disabled people, 'close gaps').</b></p> <p><b>In what way can you foster good relations between groups (tackle prejudice and promote understanding), if relevant?</b></p>
All residents (include generic equality provisions):	The decision on the service delivery model should not of itself have any unmanageable negative impact on groups or increase inequalities due to the continuing commitment to targeting the service offer to those most in need.	<p>The decision on the proposed service delivery model should be made with a view to advance equality and foster good relationships between groups.</p> <p>The whole aim of the service is to reduce health inequalities, identify and respond to issues to prevent escalation and target children, young people, their families and the communities in greatest need.</p>

		<p>The service specification requires the service to be as accessible and flexible as possible to deal with high demand and to provide different routes in to the service (including direct self-help or referrals). It will require the service to positively reach out and engage to deliver its core offer and enable and support children, young people, their families and those working with them to easily access information for self-help and any additional support they may need.</p> <p>It specifically requires the service to develop and extend more efficient, timely, and user-friendly methods of engagement through digital channels and more targeted face-to-face contact so as to improve service users' experience and strengthen Early Help and Safeguarding activity.</p> <p>Equality requirements such as ensuring access and operating in a non-discriminatory way for all protected characteristic groups are a standard part of all County Council contracts. This specification also specifically requires the service to be delivered in a "welcoming and non-judgemental way".</p>
<p>Age:</p>	<p>The decision on the service delivery model should not of itself have any unmanageable negative impact on groups or increase inequalities due to the continuing commitment to targeting the service offer to those most in need.</p>	<p>The decision on the proposed service delivery model should be taken with a view to enable some further opportunities to advance equality and foster good relationships between groups, but at this stage no specific opportunities can be identified.</p> <p>The current specification covers all children and families aged 0-19yrs who are resident within the Devon County Council area.</p>
<p>Disability (incl. sensory, mobility, mental health, learning disability, ill health) and carers of disabled people:</p>	<p>The decision on the service delivery model should not of itself have any unmanageable negative impact on people with disabilities or their carers or increase inequalities due to the continuing commitment to targeting the service offer to those most in need.</p>	<p>The decision on the proposed service delivery model should be taken with a view to enable some further opportunities to advance equality and foster good relationships between groups, but at this stage no specific opportunities can be identified.</p> <p>The current specification requires the service to fully engage in</p>

		<p>identifying and supporting the Public Health needs of children and young people who may be affected by either their own or their parent's disability, mental health, learning disability, ill health or mobility issues and play a key role within the Devon SEND multi-agency approach to supporting this vulnerable group.</p>
<p>Culture and ethnicity: nationality/national origin, skin colour, religion and belief:</p>	<p>The decision on the service delivery model should not of itself have any unmanageable negative impact on specific ethnic or cultural groups or increase inequalities due to the continuing commitment to targeting the service offer to those most in need.</p>	<p>The decision on the proposed service delivery model should be taken with a view to enable some further opportunities to advance equality and foster good relationships between groups, but at this stage no specific opportunities can be identified.</p> <p>The current specification requires the service to apply evidence based practice, community development and engagement processes to ensure the health improvement needs of those most vulnerable are met including people from black and minority ethnic (BME) groups, and Gypsies/Travellers.</p> <p>Providing various routes to engage with the service will ensure that those who are not registered with a GP can also be identified. GP registrations can be lower for some ethnic minority groups including Gypsies and Travellers. Close liaison with schools and other services, with key performance indicators of reach for the universal services of 100% (including assured exception reporting), alongside robust pathways should ensure a whole cohort approach.</p> <p>The specification requires the service to connect with 'community assets' (for example, voluntary sector support). There are a number of community agencies in Devon who work with BME groups and the Provider will be expected to work with them to inform best practice. The Provider will also need to demonstrate access to appropriate interpreting services including telephone interpreting.</p> <p>Religious belief will be taken into account in the delivery of</p>

		advice on healthy eating (giving appropriate dietary information).
Sex, gender and gender identity (including men, women, non-binary and transgender people), and pregnancy and maternity (including women's right to breastfeed).	The decision on the service delivery model should not of itself have any unmanageable negative impact on specific sex, gender, or gender identity groups, or impact on pregnancy and maternity, or increase inequalities due to the continuing commitment to targeting the service offer to those most in need.	<p>The decision on the proposed service delivery model should be taken with a view to enable some further opportunities to advance equality and foster good relationships between groups, but at this stage no specific opportunities can be identified.</p> <p>The current specification requires support for sex, gender and gender identity (including transgender) which impacts on the family to be included in the range of support offered.</p>
Sexual orientation and marriage/civil partnership:	The decision on the service delivery model should not of itself have any unmanageable negative impact on people with specific sexual orientation, or in relation to married people or civil partners, or increase inequalities due to the continuing commitment to targeting the service offer to those most in need.	<p>The decision on the proposed service delivery model should be taken with a view to enable some further opportunities to advance equality and foster good relationships between groups, but at this stage no specific opportunities can be identified.</p> <p>The current specification requires the service to connect with 'community assets' (for example, voluntary sector support). In order to support Lesbian, Gay and Bisexual children and young people, there are some LGB agencies who could help improve their offer.</p> <p>Family and friends are seen as powerful enablers to behavioural change. Staff will be trained appropriately to not make assumptions about family and friends and recognise that some children will be supported by those in same-sex relationships and that some children and young people will need additional support as their own preferences develop.</p>
Other socio-economic factors such as families, carers, single people/couples, low income, vulnerability, education, reading/writing	The decision on the service delivery model should not of itself have any unmanageable negative impact on specific socio-economic groups or increase inequalities due to the continuing commitment to targeting the service	The decision on the proposed service delivery model should be taken with a view to enable some further opportunities to advance equality and foster good relationships between groups, but at this stage no specific opportunities can be identified.

<p>skills, 'digital exclusion' and rural isolation.</p>	<p>offer to those most in need.</p>	<p>The evidence is clear that those living in the most deprived communities in Devon suffer the worse health and are more likely to die prematurely. The current specification requires the service to provide a targeted offer to the most disadvantaged people and communities within Devon, working with holistic assessments within an integrated children's delivery model. The data show that within the more social deprived communities there are higher levels of smoking, more adults are overweight and there are less active than people from more affluent communities, and as a result children and young people are likely to have poorer outcomes. Excess drinking is more common in less deprived areas but outcomes are worse in more deprived areas.</p>
<p>Human rights considerations:</p>	<p>The decision on the service delivery model should not of itself have any unmanageable negative impact on human rights considerations or increase inequalities due to the continuing commitment to targeting the service offer to those most in need</p>	<p>The enable some further opportunities to advance equality and foster good relationships between groups, but at this stage no specific opportunities can be identified.</p> <p>The current specification requires a core offer to children, young people, their families to be delivered, albeit in sometimes different ways, in order to best meet their needs and build capacity of others to support them in promoting healthy lifestyles, identification and early intervention. In addition to socio-economic and protected characteristics (disability, race etc.) the service specification also recognises wider diversity issues of people's behaviours and preferences: that there are different motivators and preferred levels of support/intervention, this demonstrates a recognition that people have a right to autonomy and choice as provided by the Human Rights Act – Right to Private and Family Life.</p>

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## Supporting independence, wellbeing and resilience?

Give consideration to the groups listed above and how they may have different needs.

<p>In what way can you support and create opportunities for people and communities (of place and interest) to be independent, empowered and resourceful?</p>	<p>The current 0-19 Public Health Nursing Service has the core aims of reducing inequalities and enabling families to improve their health and wellbeing. The service model extends the existing strengths-based approach to provide a wider range of options for families to engage with advice and support in a way that is proportionate to their needs.</p>
<p>In what way can you help people to be safe, protected from harm, and with good health and wellbeing?</p>	<p>The current 0-19 Public Health Nursing Service has the core aims of reducing inequalities and enabling families to improve their health and wellbeing. Whilst providing a wider range of options for families to engage with advice and support, the revised service model will maintain a tight focus on safeguarding issues to build safety and protection within a strengths-based approach but will engage fully in child protection processes wherever appropriate.</p>
<p>In what way can you help people to be connected, and involved in community activities?</p>	<p>The 0-19 Public Health Nursing Service has the core aims of reducing inequalities and enabling families to improve their health and wellbeing. The revised service model will support families' ability to connect with their communities by signposting and developing links with appropriate community activities and groups.</p>

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## Section 4b - Environmental impacts

An impact assessment should give due regard to the following activities in order to ensure we meet a range of environmental legal duties.

The policy or practice does not require the identification of environmental impacts using this Impact Assessment process because it is subject to (please select from the table below and proceed to the 4c, otherwise complete the environmental analysis table):

	<p>Devon County Council's Environmental Review Process for permitted development highway schemes.</p>
	<p>Planning Permission under the Town and Country Planning Act (1990).</p>

	Strategic Environmental Assessment under European Directive 2001/42/EC “on the assessment of the effects of certain plans and programmes on the environment”.
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	<b>Describe any actual or potential negative consequences.</b> <b>(Consider how to mitigate against these).</b>	<b>Describe any actual or potential neutral or positive outcomes.</b> <b>(Consider how to improve as far as possible).</b>
Reduce waste, and send less waste to landfill:	No negative consequences anticipated.	No neutral or positive consequences anticipated.
Conserve and enhance biodiversity (the variety of living species):	No negative consequences anticipated.	No neutral or positive consequences anticipated.
Safeguard the distinctive characteristics, features and special qualities of Devon’s landscape:	No negative consequences anticipated.	No neutral or positive consequences anticipated.
Conserve and enhance the quality and character of our built environment and public spaces:	No negative consequences anticipated.	No neutral or positive consequences anticipated.
Conserve and enhance Devon’s cultural and historic	No negative consequences anticipated.	No neutral or positive consequences anticipated.

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heritage:		
Minimise greenhouse gas emissions:	No negative consequences anticipated.	No neutral or positive consequences anticipated.
Minimise pollution (including air, land, water, light and noise):	No negative consequences anticipated.	No neutral or positive consequences anticipated.
Contribute to reducing water consumption:	No negative consequences anticipated.	No neutral or positive consequences anticipated.
Ensure resilience to the future effects of climate change (warmer, wetter winters; drier, hotter summers; more intense storms; and rising sea level):	No negative consequences anticipated.	No neutral or positive consequences anticipated.
Other (please state below):		

### Section 4c - Economic impacts

	<p><b>Describe any actual or potential negative consequences.</b></p> <p><b>(Consider how to mitigate against these).</b></p>	<p><b>Describe any actual or potential neutral or positive outcomes.</b></p> <p><b>(Consider how to improve as far as possible).</b></p>
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Impact on knowledge and skills:	No negative consequences are anticipated at this stage; the proposed options appraisal and Consultation will need to take account of this issue in coming to any conclusions.	No neutral or positive consequences can be anticipated at this stage; the proposed options appraisal and consultation will need to take account of this issue in coming to any conclusions.
Impact on employment levels:	No negative consequences are anticipated at this stage; the proposed options appraisal and consultation will need to take account of this issue in coming to any conclusions.	No neutral or positive consequences can be anticipated at this stage; the proposed options appraisal and consultation will need to take account of this issue in coming to any conclusions.
Impact on local business:	No negative consequences are anticipated at this stage; the proposed options appraisal and consultation will need to take account of this issue in coming to any conclusions.	Some additional economic and social opportunities may arise for voluntary and third sector groups, if the proposed options appraisal and consultation ends up encouraging greater use of community assets to support families with low levels of need.

#### Section 4d - Combined Impacts

Linkages or conflicts between social, environmental and economic impacts:	None identified at this stage.
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#### Section 5 - 'Social Value' of planned commissioned/procured services:

How will the economic, social and environmental well-being of the relevant area	Some additional economic and social opportunities may arise for voluntary and third sector groups, if options 1a or 1b are chosen and the provider is a third sector organisation. The
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<p>be improved through what is being proposed? And how, in conducting the process of procurement, might that improvement be secured?</p>	<p>utilisation of community assets can be achieved with any of the service delivery options.</p>
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Children's Scrutiny Committee and Health and Adult  
Care Scrutiny Committee

# Public Health Nursing Spotlight Review

February 2018

## 1. Recommendations

The Spotlight Review recommends that the Cabinet adopt the principles that the review group has outlined below in order to inform their decision on the future delivery model for Public Health Nursing.

### Principles that Service Delivery should uphold

#### 1. Improve outcomes and life chances for children.

Any change to the delivery model must ensure that children are at the centre of decision making and that decisions lead to improved outcomes for children and families.

#### 2. Strong governance and leadership

- Robust framework of governance in place to deliver
- Ensure Cabinet safeguards the legal position of the local authority.

#### 3. Support frontline staff

It is imperative that the service can attract and retain a high quality public health nursing workforce. Staff are valued and supported to maintain the necessary skills and professional registration as public health nurses.

#### 4. Work collaboratively across the whole system

Upholding the principles of integration and a commitment to working on shared goals regardless of who provides services, enabling a more resilient response to future challenges.

#### 5. Enabling IT systems

Workable, simple systems that are focussed on front line solutions and compatible where needed.

#### 6. Champion Devon as an exemplar

Working with universities and training institutions to help develop staff for the needs of tomorrow whilst celebrating the professional pride felt by staff.

The spotlight review group also undertook the commitment to undertake follow up work in this area to ensure that these principles are upheld.

## 2. Considerations

2.1 The spotlight review met on the 24<sup>th</sup> January 2018 to review progress in developing options for Cabinet. This builds upon the work undertaken by the 'People's scrutiny committee' in March 2017 when the public health nursing contract was reviewed in a scrutiny spotlight review. The focus of this short revisit was to contribute to the decision that Cabinet will be taking in Feb 2018 on the future delivery model for the service.

2.2 The Spotlight review heard that in October last year Cabinet agreed to undertake an options appraisal on how the service could be delivered from April 2019 onwards. The Spotlight review strongly agreed that in looking at the current situation the overarching aim of the group was to achieve outstanding outcomes for children. These options are summarised in the table below. Within each of the categories two options are considered:

1. Procurement of the Public Health Nursing Service	
1a: Open procedure with one contract	1b: Procure a joint venture delivery vehicle

2. DCC direct delivery of the PHNS	
2a: 'In-house' as a department of DCC	2b: Placing all activity relating to the PHNS into a wholly owned subsidiary of DCC

2.3 The spotlight review heard that there are some parameters that will be consistent regardless of how the service is structured and delivered. These are:

- The specification for the Public Health Nursing Service is based upon the national template 0-19 Healthy Child Programme.
- The budget (£10million per annum) for the service will not alter.
- While identification of core staff who will be eligible for TUPE will be relatively straightforward there may be some difficulties in identifying staff that support more than one of the service lines within the current contract. This could delay finalisation of the TUPE information being made available from the current incumbent.

2.4 In considering the options the spotlight review was informed that option 1B be highly unlikely to be a viable option given the timeframe. In this option a procurement exercise would take place with an expectation of a joint venture being developed through collaborative working in the private sector. The complexities of making this model work and the due process to ensure the right outcomes would realistically require a longer time frame. The spotlight review heard that all the other options are considered deliverable against the timescale and available budget.

2.5 The spotlight review was particularly interested in the results of the consultation which has been undertaken. The questions and information given in the consultation is included in its entirety in Appendix 1. The public consultation was on the 'Have Your Say' website from 6th December 2017 – 15th January 2018. A total of 135 responses split with roughly half being members of the public, and half being from different staff groups.

2.6 There were 4 key areas where concerns were shared:

- Workforce - with the need to safeguard terms and conditions and NHS pensions and also to have some recognition of the identity of the work force e.g. being NHS nurses was seen as important.
- System alignment – good working relationships and information sharing. There have been some challenges with IT and data accessibility.
- Service offer – must be a universal offer. There should be a health focus regardless of model.
- Clinical Governance – making sure that leadership and terms and conditions were in place.

2.7 The spotlight review heard that the current provider has achieved some of the things that it set out to do but that a reduction in budget has made the situation difficult. In 2018/19 the budget reductions of £1.86million will lead to approximately 30 FTE fewer staff. Performance levels have been good, however the practice on day to day basis is being challenged as staff numbers reduce. There is a structured approach to ensure that the current contract is meeting its requirements, this includes:

- Contract Review Meetings, quality markers and performance
- Quality subgroup – doing deep dives into compliments and complaints.
- Regular feedback with parents

2.8 It was reported that some staff are worried about change. However, the current arrangements are seen as challenging. The hub based model has had some implementation difficulties. There have been significant IT challenges for example health visitors still have to access 4 or 5 data recording systems. Whatever decision is made, we will need to ensure that better IT systems are in place.

2.9 The spotlight review heard that 14 local authorities have brought public health nursing in-house for a mixture of reasons including non-provision where providers have not been able to meet the reduction in grant. This option would pose a risk but the authority has experience in successfully leading staff through complicated change processes. Whichever option is determined by cabinet the development of service delivery should be informed by children and young people and their families.

### 3. Conclusion

This spotlight review has taken a snapshot view of the process that the Council is taking to make a decision on the future of how Public Health Nursing is delivered across Devon. The spotlight review took information from officers from Devon County Council as well as the NHS and was informed by the results of the recent consultation undertaken by public health.

The intention was not to comment on the options for the future but to consider the principles that any future service must uphold.

### 4. Sources of evidence

#### Witnesses

The Task Group heard testimony from several sources and would like to express sincere thanks to the following for their involvement and the information that they have shared as well as to express a desire of continuation of joint work towards the fulfilment of the recommendations in this document.

In attendance	Role	Organisation
Steve Brown	Assistant Director of Public Health	DCC
Jo Olsson	Chief Officer for Children's Services	DCC
Fiona Fleming	Head of Commissioning Children's Services	DCC
Jon Richards	Senior Commissioning Officer, Public Health	DCC
Val Smith	Senior Commissioning Manager Early Years	DCC
Sharon Matson,	Head of Commissioning for Children and Young People	NEW Devon CCG and South Devon and Torbay CCG

## Written material considered

- 0-19 Public Health Nursing Service – Looking to the future Consultation: Key Themes document produced by public health
- Future provision of the 0-19 Public Health Nursing Services for Devon for April 2019 Service delivery model options.
- Previous task group report  
<http://democracy.devon.gov.uk/documents/s6679/CS%2017%2011.pdf>
- Virgin Care draft response to the 0-19 Public Health Nursing Service – looking to the future consultation
- Letter to chairman of the Spotlight review from Virgin Care dated 19 January 2018  
Re: Future of Public Health Nursing in Devon

## 5. Spotlight Review Membership

The Task Group review was chaired by Councillor Debo Sellis and membership of the Spotlight Review was as follows: Councillors Hellyer, Squires and Wright

## 6. Contact

For all enquiries about this report or its contents please contact

Camilla de Bernhardt Lane, Head of Scrutiny [Cam.debernhardtlane@devon.gov.uk](mailto:Cam.debernhardtlane@devon.gov.uk)

# Appendix 1: Consultation paper

## 0-19 Public Health Nursing Service – looking to the future

Ensuring that Devon's children and young people have the best start in life, and grow into healthy adults, is one of Devon County Council's top strategic priorities. The 0-19 Public Health Nursing Service (PHNS) has a key role in this as its main purpose is to contribute to the improvement in the health and wellbeing that support all children and young people, to keep them and their families safe, and reduce health related risks across the life-course. This is achieved through delivery of universal public health assessments and undertaking public health interventions designed to offer prevention and support for families to adopt healthy lifestyles and identify and address difficulties and issues as early as possible. The service therefore has a significant role to play in early help.

The 0-19 Public Health Nursing Service is a mandated (legally-required) service directly funded by the Public Health Grant, which the local authority receives from the Department of Health and forms part of the Director of Public Health's statutory responsibilities. It comprises of the following services to children, young people and families:

- a. 0-5 Health Visiting Services
- b. 5-19 School Nursing Services
- c. The National Childhood Measurement Programme

During the summer of 2017 Devon County Council, together with Devon's Clinical Commissioning Groups (CCGs), consulted a wide range of people on Community Health and Wellbeing Services for Children and Young people in Devon. One of the main themes from the summer consultation was around working better together as one system. Devon County Council Cabinet took the decision in October 2017 to undertake an options appraisal for the future provision of the 0-19 Public Health Nursing, Portage and ROVIC services from April 2019 onwards. This decision resulted in the removal of these services from the Clinical Commissioning Group led re-procurement of Community Health and Wellbeing Services for Children and Young People.

The government's intention in transferring the responsibility for Public Health Nursing Services to the local authority was to ensure that local authorities could better align their social and health care responsibilities for children, young people and families. Devon County Council is committed to ensuring that services for children and young people are joined up.

In considering the future provision of the 0-19 Public Health Nursing Service a set of strategic objectives has been devised. The objectives have been devised with the necessity of ensuring the delivery of a clinically safe, high quality, effective service, with the aim of ensuring better alignment of Children Services, including Early Years and education including Portage.

### Strategic Objectives:

1. To ensure Devon residents have open access to a high quality 0-19 Public Health Nursing Service (PHNS):

services are compliant with national clinically recognised standards.

there are clear mechanisms for quality assurance.

governance processes are robust/fit for purpose.

**2. To ensure Devon has an effective Healthy Child Programme and an integrated system, in which all service providers, commissioners and stakeholders work collaboratively to ensure services are evidence based and promote positive child health for its population and improve children and young people's health outcomes.**

**3. To ensure that the process for the re-provision of the PHNS does not adversely affect service quality and access.**

**4. To ensure the PHNS is capable of delivering the outcomes detailed within the service specification within the available DCC Public Health Grant allocation.**

**5. To ensure that the service delivery model aligns with the strategic vision for the Local Authority (Best Start in Life).**

**6. To ensure that the PHNS is agile and responsive so it is capable of flexing and adapting to changing future needs. This includes the ability to react quickly and adopt new, more efficient ways of working effectively in a timely manner such that best value for money is achieved on an ongoing basis, whilst continuing to drive up quality.**

**1. Do you think we have got the 6 strategic objectives for the 0-19 Public Health Nursing Service, right?**

Yes

No

**2. If not, what else should we be considering?**

**Alignment of services 0-19 Public Health Nursing, Education and Social Care services**

**As Devon County Council is a lead organisation in children and young people's health and wellbeing we are looking at ways we can better align our own services for children, enabling us to help and support children and young people have the best start in life.**

**3. We are committed to delivering closer alignment between public health, education and social care services. How might we best achieve this?**

**Service Delivery Models**

**The mechanism to deliver our strategic objectives needs careful consideration, so that we have the right operational model for 0-19 Public Health Nursing to enable delivery of our strategic objectives. Virgin Care Ltd currently provides the 0-19 Public Health Nursing Service and the contract for this service ceases on the 31st**

March 2019.

A number of different service delivery models are currently being considered for April 2019 onwards. Once a preferred option has been agreed further detailed work will be undertaken, including stakeholder engagement.

The following service delivery models are currently being considered:

**Options**  
**Brief description**

**1a Procurement of the PHNS**

The PHNS would be specified and procured as a standalone service, whilst recognising the landscape of children's services and indicating links and pathways to ensure an integrated system from a user's perspective. The contract awarded would be a DCC Public Health contract.

**1b Procurement of a Joint Venture delivery vehicle**

This option considers an approach of procuring a joint venture delivery vehicle whereby DCC will work with another organisation to deliver the PHNS which may be from the public sector or the private sector.

**2a DCC direct delivery of the PHNS ('In House')**

This option considers an approach bringing the management, delivery and employment for the PHNS service directly within the remit of DCC.

**2b DCC direct delivery of the PHNS through a wholly owned Special Purpose Vehicle**

This option considers an approach of not procuring a PHNS but establishing a Special Purpose Vehicle (SPV), from which the PHNS will operate.

[\(Please look at the further information on the models including key strengths and weaknesses\)](#)

**4. Which of the proposed service delivery models do you think best supports our strategic objectives?**

- Procurement of the PHNS
- Procurement of a Joint Venture delivery vehicle
- DCC direct delivery of the PHNS ('In House')
- DCC direct delivery of the PHNS through a wholly owned Special Purpose Vehicle

**5. Please state a reason for your choice:**

**6. At this stage, do you think any of the suggested delivery models could have an impact on you?**

- Yes
- No

If 'yes', what impact?

**7. If a negative impact how can we reduce the impact on you?**

**8. Any further comments you wish to make?**

**9. Who are you representing?**

- Children, Young People, and Families Alliance
- Devon Safeguarding Children's Board
- School or educational
- Public Health Nursing
- Health professional
- Local Government
- Clinical Commissioning Group
- NHS England
- Healthwatch Devon
- Local Community or Voluntary Group
- Member of the public with children (0-19)
- Member of the public without children (0-19)
- Other children's provider
- Other (please specify):



PTE/18/7

Cabinet  
9 February 2018

## **Oaklands Park and Ratcliffe Schools, Dawlish: Joint Changes to Provision**

Report of the Head of Planning, Transportation and Environment

***Please note that the following recommendation is subject to consideration and determination by the Cabinet (and confirmation under the provisions of the Council's Constitution) before taking effect.***

**Recommendation:** that approval is given to implement the proposal to merge Oaklands Park and Ratcliffe Schools to provide a single provision across both sites for pupils aged 3-19 years. The school will continue to provide 156 registered day places. Residential places will be merged and reduced to 35 weekly residential places from April 2018. The two schools will merge in August 2018, reopening as one Residential Special School in September 2018.

### **1. Summary**

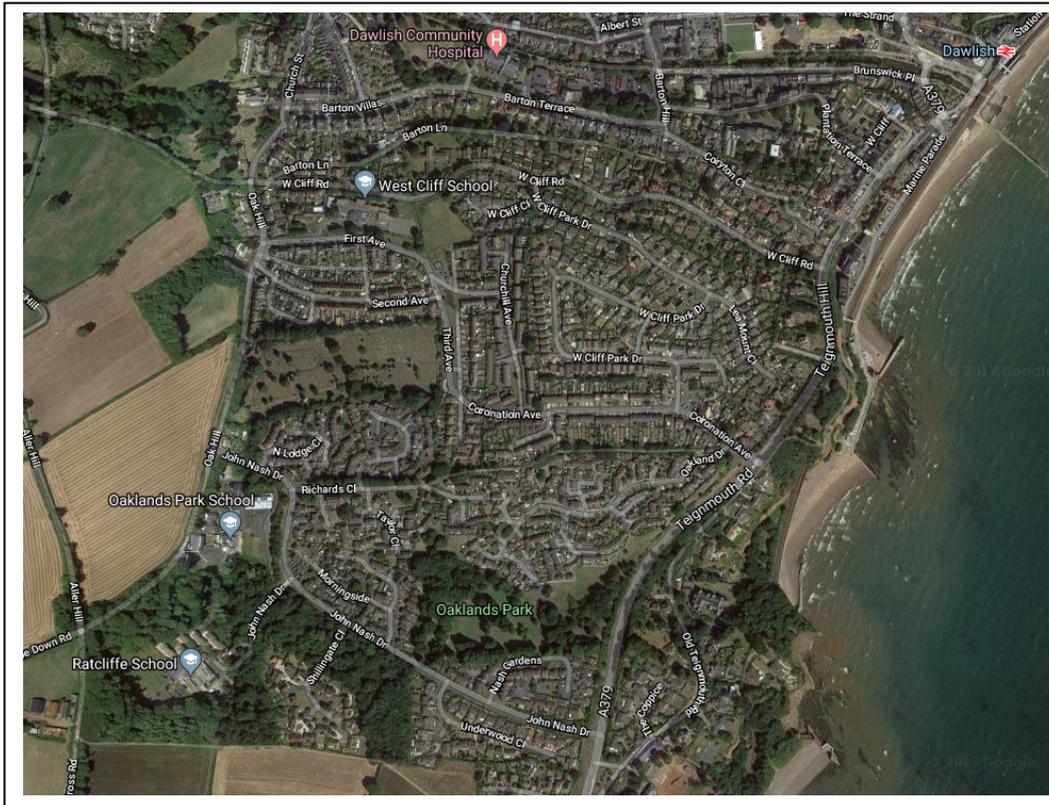
The Governing Body of Oaklands Park and Ratcliffe Schools (Foundation Special Schools within the Sentient Co-operative Trust) propose merging the two schools to ensure the ongoing high quality educational standards against changing patterns of provision and demand for children with additional needs and within a sustainable financial climate. The Governing Body has undertaken the necessary consultation and is seeking final approval to implement this change.

### **2. Background/Introduction**

Oaklands Park and Ratcliffe Schools are situated on adjacent sites. The Dawlish Federation of Special Schools consisting of Oaklands Park and Ratcliffe Schools was formed in January 2016 and both Schools are part of the Sentient Co-operative Trust. The federated governing body contains foundation governors appointed by the Trust and a new Chair of Governors. New members have also recently been appointed to manage the proposed merger. The formation of the federation enabled the Schools to work more closely together and share resources and expertise. The Schools have gone through a number of changes over the past few years together with changes in governance and leadership. The current changes proposed reflect the changing patterns of provision being commissioned.

Oaklands Park School was inspected by Ofsted (education) in February 2016 and requires improvement. The residential provision of Oaklands Park School was inspected by Ofsted in June 2016 and required improvement. At the time of the inspection, the residential provision was in a period of a change following the closure of the Children's Home and the establishment of the residential special school provision. A follow up monitoring inspection visit (education) confirmed that senior leaders and governors are taking effective action to tackle the areas requiring improvement identified.

# Agenda Item 10



Ratcliffe School was inspected by Ofsted (education) in March 2015 and was Good. Good teaching features across the school and there are examples of outstanding practice in all key stages. Pupils make good progress from their starting points and achieve well. The residential provision of Ratcliffe School was inspected by Ofsted (Social Care) in November 2017 and required improvement. The report states that the school is not yet delivering good help and care but there are no serious or widespread failures that result in pupils' welfare not being safeguarded or promoted. The Schools are receiving considerable support from our Learning Development Partners (Babcock) through the process of this proposed merger and to raise the standards and further improve the quality of education and care.

### 3. Proposal

The current provision at the Schools is:

Oaklands Park School: 60 places including 17 residential places for boys and girls aged 3-19 with Severe Learning Difficulties, Complex Communication and Interaction Difficulties and Autistic Spectrum Conditions.

Ratcliffe School: 96 places including 40 residential places for boys and girls aged 5-16 with Communication and Interaction Difficulties and Social Development Needs.

At present, across both provisions, only 29 pupils are placed residentially of the 57 that are available.

The Governing Body of Oaklands Park and Ratcliffe Schools are proposing to merge the Schools to provide a single provision across both sites for pupils aged 3-19. The school will continue to provide 156 registered places but it is planned to increase the number to 190 in the future subject to further consultation.

The proposal is to reduce residential places to 35 weekly residential places for pupils aged 3-19 to reflect current and future demand for places. It is proposed to merge the residential

provision from April 2018 and the two schools will merge in August 2018 and reopen as one residential special school in September 2018. The Governing Body consider that working as one school and combining resources in terms of staffing, buildings, facilities, skills, experience and expertise will enable the merged School to deliver services more effectively and improve standards.

The proposal meets current need as the Schools have seen a gradual but continued reduction in the number of pupils being placed residentially at both schools and there is no expectation that there will be any significant increase in demand for residential placements at either school in the future. There has also been a significant change in the needs of pupils placed residentially, most requiring weekly placement rather than termly. Generally, there is a national shift away from the termly residential provision model with more emphasis being placed on the importance of a balance between a weekly residential model and access to family and local community at weekends. The Schools are also considering options for developing and accommodating independence training for day students and development of self-help skills.

The merged Schools will allow for an increase in day places over a period, a reduction in residential places to meet a reduction in demand and secure sustainability and financial viability for the future. The formation of the Dawlish Federation of Special Schools has provided an insight into what can be achieved through working together. The merger is a natural progression from this arrangement to meet the changes in commissioned income remaining static and increases in employment costs. The proposed merger will ensure consistency and common processes are in place to raise standards of education and care and good practice for the benefit of all pupils, parents, staff and stakeholders.

There is a high demand for special need places and this change in provision is in line with the emerging Strategic Review of Special Needs places being undertaken in the County, Devon's Local Offer and the Education Infrastructure Plan to ensure the most effective use of resources and future pattern of service delivery.

#### **4. Consultations/Representations/Technical Data**

The Governing Body consulted on the proposal from 1 November to 13 December 2017. There were 24 responses to the consultation to the Governing Body, which mainly concerned the rationale for informing all those concerned and how the change would affect pupils, parents and staff. The Governing Body responded to the concerns raised. In addition, a freedom of information request was received for documentation pertaining to meetings between the Dawlish Federation of Special Schools and DCC relating to the move away from termly to weekly boarding provision. A response identified that the Local Authority aim to support children in their local communities and their family homes and that the need for a residential placement for any children would not be done through strategy or policy meetings but on an individual case by case discussion about each young person.

Following consultation, in accordance with statutory requirements, a Brief Notice and Full Proposal were published on 3 January 2018 with a formal four-week representation period. Cabinet will be updated on any responses received at the meeting.

#### **5. Financial Considerations**

A strategic review of special needs places in the County is at present being undertaken and this proposal forms part of that review. Following completion of the review, which will be put before Cabinet in March 2018 a development plan for the schools will be commissioned. The changes proposed will not require any immediate capital commitment but will be part of a phased plan for the schools.

# Agenda Item 10

Increasing national pressure on funding means that resources need to continue to be targeted at the educational outcomes of pupils which is sustainable. Staffing costs total 80% of the Schools' costs and it has been necessary to redesign and restructure the Schools to ensure the best outcomes for pupils in a financially sustainable way. The redesigning of the Schools was a culmination of a long process of evaluation of the Schools financial position and their ability to provide effective outcomes for pupils with SEN in a weekly care setting. The structure was designed to meet the brief and vision for the Schools, importantly, strategically aligned to Devon's needs. A separate concurrent consultation with staff was undertaken on the proposed changes and staff feedback via trade unions was then considered and addressed throughout the process.

There will be a reduction in total of 15 posts (12.93 FTE) from 93.8 to 78.9 FTE and the areas of the Schools that are directly affected are support staff and the Care Teams which provide residential support, administration, catering, caretaking and cleaning. The redesign required the addition of three new instructor posts delivering field and outdoor activities for pupils. Teaching provision at the Schools is not affected. The estimated redundancy costs are in the region of £300,000 with pension strain costs in the region of £70,000. These costs will be met by an allocation from FIPS (Finance Intervention Panel Schools) and a loan to the merged Schools.

The transport implications for the merger may see an increase in cost where weekly residential pupils become daily pupils but, logistically, it is not anticipated that too much will change. At present it will not be possible to combine students on routes to serve the merged school as the drop off/pick up times will be the same for both sites. This is due to safety precautions at entry and exit at both sites requiring an approximate time of 30 minutes.

## **6. Environmental Impact Considerations**

See impact on transport above.

## **7. Equality Considerations**

Where relevant to the decision, the Equality Act 2010 Public Sector Equality Duty requires decision makers to give due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other prohibited conduct;
- advance equality by encouraging participation, removing disadvantage, taking account of disabilities and meeting people's needs; and
- foster good relations between people by tackling prejudice and promoting understanding.

taking account of age, disability, race/ethnicity (includes Gypsies and Travellers), gender and gender identity, religion and belief, sexual orientation, pregnant women/ new and breastfeeding mothers, marriage/civil partnership status in coming to a decision, a decision maker may also consider other relevant factors such as caring responsibilities, rural isolation or socio-economic disadvantage.

An impact assessment has been prepared, a copy of which has been circulated to Cabinet Members and is available at <https://new.devon.gov.uk/impact/oaklands-and-ratcliffe-schools-merger/>

## **8. Legal Considerations**

In accordance with Section 34 of the School Governance Federation Regulations 2012, the Governing Body is required to give notice of dissolution of the federation and this will be undertaken.

## **9. Risk Management Considerations**

This proposal has been assessed and all necessary safeguards or action have been taken/included to safeguard the Council's position.

A whole system approach in assessing the proposal including the impact on Social Care has been undertaken. No further risks have been identified.

## **10. Public Health Impact**

The proposals will take into account the requirements and health and wellbeing of its local community.

## **11. Discussion**

The Governors of Oaklands and Ratcliffe Schools consider that the priority must be maintained on provision of high quality teaching, learning and pathways developing and accommodating independence training for day students and development of self-help skills. Resources need to continue to be targeted at the educational outcomes of the students alongside the wider enrichment programmes of the schools but this needs to be on a realistically sustainable basis. The changes are in accordance with current Devon County Council commissioning priorities, will provide more opportunities for day pupils, will reflect future requirements for residential provision and financial sustainability.

The merger is a progression from the federation arrangement due to change in demand for residential places, commissioned income remaining static and major increases in employment costs. The proposed merger will ensure consistency and common processes are in place for the benefit of all pupils, parents, staff and stakeholders. The changes proposed will allow the merged school to continue to sustain and further improve the quality across both the teaching and pastoral residential side without one negatively impacting on the other as well as the benefits of regular weekly access to family and community at weekends.

## **12. Options/Alternatives**

The Schools have experienced significant changes in recent years with an increase in day places over a period, a change to residential places to meet changing needs and new admission students and parent/carers who express preference for a weekly placement rather than the current termly default offer. It is also the aim to support children in their local communities and their family homes. The Schools have been working together for some time under the federation arrangements to ensure consistency and common processes but the primary aim for all student referrals is educational. Children's needs are becoming more complex and as development continues throughout Devon the pressure for these places will increase and the change in provision will ensure that demand is met within this merged School.

# Agenda Item 10

## 13. Reason for Recommendation/Conclusion

The Governing Body consider that the merged Schools and changes to provision will provide future sustainability, meet demand for this specialist provision and meet their's and the LA's statutory duties to provide places and for pupils to be able to attend their local school.

Dave Black  
Head of Planning, Transportation and Environment

### Electoral Divisions: Dawlish

Cabinet Member for Children's Services and Schools: Councillor James McInnes

*Chief Officer for Communities, Public Health, Environment and Prosperity: Dr Virginia Pearson*

Local Government Act 1972: List of Background Papers

Contact for enquiries: Christine McNeil, School Organisation Policy Manager

Room No. Lucombe House, County Hall, Exeter. EX2 4QD

Tel No: (01392) 383000

Background Paper	Date	File Reference
1. Impact Assessment Joint Changes to Provision at Oaklands Park and Ratcliffe Schools, Dawlish, Devon	01.01.2018	<a href="https://new.devon.gov.uk/impact/oaklands-and-ratcliffe-schools-merger/">https://new.devon.gov.uk/impact/oaklands-and-ratcliffe-schools-merger/</a>

cmcn180118cab Oaklands Park and Ratcliffe Schools, Dawlish  
hk 05 260118

<b>Assessment of:</b>	Joint changes to Provision at Oaklands Park and Ratcliffe Schools, Dawlish Devon.
<b>Service:</b>	Planning, Transportation and Environment

<b>Head of Service:</b>	Dave Black
<b>Date of sign off by Head Of Service/version:</b>	18.01.2018
<b>Assessment carried out by (incl. job title):</b>	Christine McNeil, School Organisation (Policy) Manager

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## Section 1 - Background

<b>Description:</b>	<p>Oaklands and Ratcliffe Schools are part of the Devon wide SENTient Foundation Trust. Both Schools work closely together and are in the Dawlish Federation of Special Schools.</p> <p>The Schools are merging to provide a single provision across both sites to accommodate day and residential places for pupils aged 3-19 years. The school will continue to provide 156 registered places but it is planned to increase the number of places to 190 in the future. Residential places will be reduced to 35 weekly residential places. The school will provide a continuum of provision for pupils that it is currently designated to take. In addition the Schools are considering options for developing and accommodating independence training for day students and self help skills.</p>
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	<p>In planning and commissioning Special Educational Needs and Disability (SEND) provision, the proposal is in line with the Strategic Review of Special Needs places in the County and Devon's Local Offer to ensure that children and young people with SEND should have the expectation to be part of their local community. Our multi-agency approach has a strong focus on improving outcomes for children and young people with SEND as well as involving them and their families in developing provision. The proposal is also in line with the policies and procedures contained within the Education Infrastructure Plan 2016-2033 (revised) and the statutory responsibilities related to the strategic planning of pupil places and school organisation procedures.</p>
Reason for change and options appraisal:	<p>The change in provision will ensure the sustainability of Oaklands Park and Ratcliffe Schools to be cost effective and efficient. The Governing Body carefully considered the future provision that needs to be in place against changing patterns of provision and demand for children with additional needs and within a tightening financial climate. Schools nationally are working increasingly collaboratively and less in isolation and the efficiencies achieved through economies of scale have a positive impact on teaching and learning experiences and outcomes achieved through the sharing of resources and expertise.</p> <p>In addition, the change in provision is based on the trend of referrals coming forward and to ensure future viability whilst maintaining opportunities, support care and education for those most in need. The change to a single residential school will be a through provision from early years to Post 16 and will enable the School to efficiently and effectively meet pupil needs and safeguard future provision.</p>

## Section 2 - Key impacts and recommendations

Social/equality impacts:	There has been an increase in demand for Special Education provision in recent years with children's needs becoming more complex and a requirement to offer more flexible provision which meets local needs. This is due to demographic change, high inward migration and significant house building. There is significant housing growth in Devon and within the Local Plan approximately 900 new homes have been identified in Dawlish. The wide geographical spread of provision within Devon means there remains unmet need for those children who are finding it increasingly difficult to access mainstream provision and currently there is greater demand for educational places within the Schools than availability.
Environmental impacts:	The Education Infrastructure Plan supports positive impacts including minimising our reliance on school transport and the need for unnecessary journeys and ensuring that pupils are able to attend their local school.
Economic impacts:	The provision aligns with Devon County Council's plan to risk manage the High Needs Block, which is currently under significant financial pressure. Through the change in provision the proposal will support the children and young people to achieve the best opportunities and outcomes and prepare them to develop employability, independent living and social skills and support them into Post 16 education.
Other impacts (partner agencies, services, DCC policies, possible 'unintended consequences'):	<p>The increasing national pressure on funding means that resources need to continue to be targeted at the educational outcomes of the students alongside the wider enrichment programmes of the school but this needs to be on a realistically sustainable basis. Over time there has been a gradual but continued reduction in the number of pupils being placed residentially at both schools and there is now justification for redesign and restructure of the two Schools based on providing the best outcomes for pupils in a financially sustainable way.</p> <p>There will be an impact on transport from a change from termly to weekly residential provision but the transport for the combined school will assist with efficiencies but account will need to be taken of individual children travelling. This will continue to be monitored.</p>
How will impacts and actions be monitored?	All young people placed will have an Education Health and Care Plan. Placements to school are managed, monitored and allocated by the SEN Team following consultation with the school. Clear entry and exit criteria



Research and information used:	The Governing Body have used evidence from the schools financial data against changing patterns of provision and demand for children with additional needs against a tightening financial climate, the need for schools to work increasingly collaboratively, which is endorsed by the Department for Education, and the need to provide a sustainable pattern of provision for those most in need.
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## Background Analysis

This section describes how relevant questions and issues have been explored during the options appraisal.

### Section 4a - Social Impacts

#### Giving Due Regard to Equality and Human Rights

The local authority must consider how people will be affected by the service, policy or practice. In so doing we must give due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity and
- Foster good relations.

Where relevant, we must take into account the protected characteristics of age, disability, gender, gender reassignment, pregnancy and maternity, marriage and civil partnership, sexual orientation, race, and religion and belief.

This means considering how people with different needs get the different services they require and are not disadvantaged, and facilities are available to them on an equal basis in order to meet their needs; advancing equality of opportunity by recognising the disadvantages to which protected groups are subject and considering how they can be overcome.

We also need to ensure that human rights are protected. In particular, that people have:

- A reasonable level of choice in where and how they live their life and interact with others (this is an aspect of the human right to ‘private and family life’).
- An appropriate level of care which results in dignity and respect (the protection to a private and family life, protection from torture and the freedom of thought, belief and religion within the Human Rights Act and elimination of discrimination and the promotion of good relations under the Equality Act 2010).
- A right to life (ensuring that nothing we do results in unlawful or unnecessary/avoidable death).

The Equality Act 2010 and other relevant legislation does not prevent the Council from taking difficult decisions which result in service reductions or closures for example, it does however require the Council to ensure that such decisions are:

- Informed and properly considered with a rigorous, conscious approach and open mind, taking due regard of the effects on the protected characteristics and the general duty to eliminate discrimination, advance equality and foster good relations.

Page 122 Proportionate (negative impacts are proportionate to the aims of the policy decision)

Fair

Necessary

- Reasonable, and
- Those affected have been adequately consulted.

Characteristics	Describe any actual or potential negative consequences (e.g. disadvantage or community tensions) for the groups listed.  (Consider how to mitigate against these).	Describe any actual or potential neutral or positive outcomes for the groups listed.  (Consider how to advance equality/reduce inequalities as far as possible).
All residents (in general):	The planning of places for pupils with special educational needs is particularly challenging as information related to previous cohorts varies greatly in terms of numbers, needs or geographical area. But the overall trend is increasing numbers.	Securing the sufficiency of SEND school places in our area with good quality school places, acting as champion for all parents and families and supporting participation in education, employment or training  The change in provision is in line with Devon's Local Offer, the Education Infrastructure Plan and the Strategic Review of Special Needs to ensure value for money, the most effective use of resources and future pattern of service delivery.
Age (from young to old):	Currently the two schools provide places for pupils with Severe Learning Difficulties, Complex Communication & Interaction Difficulties and Autistic Spectrum Conditions and for pupils with Communication and Interaction Difficulties and Social Development Needs.	The merged Schools will allow for an increase in day places over a period of time, a change to residential places to meet changing needs and secure sustainability and financial viability for the future. In addition the Schools wish to consider options for developing and accommodating independence training for day students and development of self-help skills. There will be positive outcomes for pupils/parents to be able to attend their local specialist provision rather than travelling some distances.
Disability (incl. sensory, mobility, mental health, learning disability, ill	There will be a reduction in residential places.	The Schools have seen a gradual but continued reduction in the number of pupils being placed residentially at both schools and there is no expectation that there will be any

health) and carers of disabled people:		significant increase in demand for residential placements at either school in the future. There has also been a significant change in the needs of pupils placed residentially, most requiring weekly placement rather than termly. Generally there is a national shift away from termly residential provision with more emphasis being placed on the importance of a balance between the benefits of weekly residential placements alongside the benefits of regular weekly access to family and local community at weekends.
Culture/ethnicity: nationality, skin colour, religion and belief:	Neutral	The Education Act 2002 requires all schools to promote the spiritual, moral, cultural, mental and physical development of its pupils and to challenge opinions or behaviours that are contrary to these values.
Sex, gender and gender identity (including Transgender & pregnancy/maternity):	Neutral	As above
Sexual orientation:	Neutral	As above
Other socio-economic factors such as families, carers, single people/couples, low income, vulnerability,	Positive	Within our role of championing all our children, Devon County Council is committed to improving the life-chances of all Devon's children, young people and especially the most vulnerable. Changes in provision for pupils with special educational needs will be in accordance with

education, reading/writing skills, 'digital exclusion' and rural isolation.		Devon's SEND local offer covering education, the Strategic Review of Special Education Needs, health and social care services and consultation undertaken on the impact of any proposed changes on those affected.
Human rights considerations:	Neutral	Neutral

	<b>Describe any actual or potential negative consequences. (Consider how to mitigate against these).</b>	<b>Describe any actual or potential neutral or positive outcomes. (Consider how to improve as far as possible).</b>
Reduce waste, and send less waste to landfill:	Neutral	The Waste Education Strategy for Devon Schools supports the education of children in the long term strategy to achieving a more sustainable future with increasing emphasis on waste minimisation, resource management and greater awareness of the issues surrounding consumerism, and is a priority for Devon Authorities.
Conserve and enhance biodiversity (the variety of living species):	Neutral	Neutral
Safeguard the distinctive characteristics, features and special qualities of Devon's landscape:	-Neutral	Neutral
Conserve and enhance the quality and character of our built environment and public spaces:	Neutral	No discernible impact
Conserve and enhance Devon's cultural and historic	Neutral	No discernible impact

heritage:		
Minimise greenhouse gas emissions:	Neutral	No discernible impact
Minimise pollution (including air, land, water, light and noise):	Neutral	Devon supports the principle of local schools for local children for community and environmental reasons. Sustainable travel and transport modes will be promoted including a School Travel Plan.
Contribute to reducing water consumption:	Neutral	In accordance with The Waste Education Strategy for Devon Schools
Ensure resilience to the future effects of climate change (warmer, wetter winters; drier, hotter summers; more intense storms; and rising sea level):	Neutral	No discernible impact
Other (please state below):		

### Section 4b - Environmental impacts

An impact assessment should give due regard to the following activities in order to ensure we meet a range of environmental legal duties.

The policy or practice does not require the identification of environmental impacts using this Impact Assessment process because it is subject to (please select from the table below and proceed to the 4c, otherwise complete the environmental analysis table):

	Devon County Council's Environmental Review Process for permitted development highway schemes.
	Planning Permission under the Town and Country Planning Act (1990).

Strategic Environmental Assessment under European Directive 2001/42/EC “on the assessment of the effects of certain plans and programmes on the environment”.

### Section 4c - Economic impacts

	<b>Describe any actual or potential negative consequences. (Consider how to mitigate against these).</b>	<b>Describe any actual or potential neutral or positive outcomes. (Consider how to improve as far as possible).</b>
Impact on knowledge and skills:	Positive – it will ensure the longevity of provision	The provision will include options for developing and accommodating independence training and development of self-help skills and will ensure that pupils are able to attend local provision.
Impact on employment levels:	There will need to be a reduction in staffing levels across the two Schools but not within the permanent teaching staff.	Increasing national pressure on funding means that resources need to continue to be targeted at the educational outcomes of pupils which is sustainable. 80% of the schools costs are staff costs and it has been necessary to redesign and restructure the Schools to ensure the best outcomes for pupils in a financially sustainable way. This is in accordance with the Strategic Review of Special Needs Provision. Some permanent staff will be offered redeployment opportunities.
Impact on local business:	Neutral	With emphasis on developing independence training and self-help skills it is considered that there will be a positive impact on local businesses and the community

### Section 4d -Combined Impacts

Linkages or conflicts between social, environmental and economic impacts:	The combined impacts are seen to be positive with improved and sustainable provision for pupils for the future.
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**Section 5 - ‘Social Value’ of planned commissioned/procured services:**

How will the economic, social and environmental well-being of the relevant area be improved through what is being proposed? And how, in conducting the process of procurement, might that improvement be secured?	The Local Authority has a statutory duty to secure sufficient educational provision in its area, to act as champions for all parents and families and support the most vulnerable children and will continue to work in partnership to ensure the right placement for young people and adults who have special educational needs. The amalgamation of the two schools will ensure future sustainability and improve the outcomes of those most in need.
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Health and Adult Care Scrutiny Committee

# NHS Inquiry Spotlight Review

January 2018

# Agenda Item 13

CS/18/05

25<sup>th</sup> January 2018

Health and Adult Care Scrutiny Committee

## 1. Recommendations

The Task Group ask the Health and Adult Care Scrutiny Committee, Cabinet and the NHS in Devon to endorse the report and recommendations below; with a report on progress against the spotlight review recommendations in six months' time. The spotlight review also calls for this report to be sent to all Devon MPs.

1. The Health and Adult Care Scrutiny Committee does not, at this time, call for a public inquiry but will continue to monitor the impact of the STP and the move to an Accountable Care System. To support effective scrutiny, a report outlining the expectations on how health and social care services will be delivered and improved in Devon is requested for a future meeting.

	Ambition	Specific recommendations	Agency
2	Increase and maintain the Health and Care workforce through effective recruitment and training opportunities and retention of quality staff.	<p>2.1 Ask Sarah Wollaston, as Chair of the Health Select Committee and a Devon MP, to establish a Select Committee inquiry into system wide approaches to recruitment and retention in the NHS and Adult Social Care building on the Nursing workforce inquiry.</p> <p>2.2 All Councillors in their community leadership role to promote the value of health and social care as fantastic, rewarding careers.</p>	DCC
		2.3 Work through the NHS and Local Authority to take a system wide collaborative approach to promoting innovative recruitment and retention ideas. For example, looking at the lessons from East Kent as well as opportunities for apprentices right through to incentives to retain or reintroduce retirees.	All
		<p>2.4 Further work to take place on dual contracts where two providers employ the same member of staff part time each, reducing competition for the same staff pool and offering the most flexibility to staff members.</p> <p>2.5 Identify GP practices in Devon that may be vulnerable if staff were to retire or leave. Work with practices to help improve resilience.</p>	NHS
3	Reduce unnecessary pressure on the system	<p>3.1 Clear communication of where to go in an Emergency. Investigate the opportunities for greater sign posting e.g. through technology such as NHSQuicker app.</p> <p>3.2 Better promotion of pharmacies as places to go for advice and treatment.</p>	CCGs
4	Recognise, Value and equitably support the role of social prescribing, social enterprise and community groups in enabling preventative measures, coping strategies and treatment options.	<p>4.1 Investigate the mechanisms by which GPs could promote alternative treatments to prescription drugs such as physical activity and/or activities for mental wellbeing.</p> <p>4.2 Review the effectiveness of the Integrated Care Exeter project and Community Connectors and embed lessons where appropriate to increase people's access to support.</p> <p>4.3 Write to DFT to ask that the age limit on volunteer drivers for community transport is reviewed and possibly increased to reflect changing demographics.</p>	DCC/ NHS

## 2. Introduction

- 2.1 This Spotlight review was conducted to explore some key themes that members of the Health and Adult Care Scrutiny Committee were particularly concerned about. This item began with a Notice of Motion submitted to Cabinet:

NOTICE OF MOTION to Cabinet, full reference here:

<http://democracy.devon.gov.uk/ieListDocuments.aspx?CId=133&MIId=2126&Ver=4>

*‘While applauding the care provided by all our NHS medical staff the County Council is concerned at the current state of the NHS in Devon, the impact the NHS “Success Regime” is having and studies suggesting many GP’s will be retiring, being examples of areas for concern.*

*Accordingly the County Council agrees to establish a local public inquiry to consider the state of the NHS in Devon’.*

RESOLVED that the Notice of Motion be noted and the Health and Adult Care Scrutiny Committee be invited to consider with the Cabinet Member for Adult Social Care and Health Services how best to ensure the Council’s views on the issues raised by the Notice of Motion and reflected upon in Report CS0/17/19 are represented to Government, acknowledging not only the ability of the Scrutiny Committee to require NHS bodies to attend upon it but also to determine decide how best to take this forward.

- 2.2 The Health and Adult Care Scrutiny Committee subsequently determined to establish a task group to:
- gather evidence on challenges in Devon against the National picture with particular focus on staffing, and access to care
  - consider whether a Public Inquiry is the best way of addressing the concerns of the committee
- 2.3 The Spotlight review group wanted to understand some of the pressures upon the health and care system to be able to make a judgement about whether an independent inquiry would add value. The first part of the work was to narrow the focus of the review in order to meaningfully engage with the issues. The spotlight review team met twice to discuss the issues that were pertinent and then sense checked their approach with input from the Director of Public Health and the Director of Adult Care and Health for Devon County Council.
- 2.4 The spotlight review challenged each issue against whether it was a concern that all areas nationally were facing or whether some issues are experienced to be more of a concern in Devon or the South West.
- 2.5 This work was very clear in recognising and valuing the excellent work that is undertaken by staff across the health and social care landscape in Devon. The issue for the spotlight review group was the pace of change in the NHS and local authorities coupled with significant pressure on the whole system largely driven by changing demographics.

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## 3. Pressures on the Health and Care System

- 3.1 The number of people aged 65 and over is projected to increase in all regions of England with corresponding growth in the number of people with chronic conditions such as cancer and heart disease.<sup>1</sup> As is well documented, Devon has an older population profile than nationally. This is particularly seen in those aged 50 to 70 years of age, reflecting significant in-migration in this age group, and those aged 85 years and over, reflecting the ageing population and longer life expectancy. The proportions of those aged under 40 years are below the national average, particularly in those aged 25 to 39, reflecting significant out-migration from Devon.<sup>2</sup> This means more people needing to use the health and care system, and potentially fewer people to recruit to provide these roles.
- 3.2 The Sustainability and Transformation Partnership in Devon is clear that the system of health and social care needs to evolve to provide a different model of care, and some of the way that care has been provided need to change: *'The services we have inherited were not designed to deliver care for the 21st Century.'*<sup>3</sup>
- 3.3 The spotlight review worked to ascertain whether these pressures were typical of the national issues with health and social care or whether there were challenges that were felt more in Devon. The table below summarises these findings:

Theme	How does Devon compare to other authorities nationally?
Staff Recruitment, retention and retirement	<p>Staff recruitment is a national problem however there are higher proportions of older people in Devon which in turn increases the need for health and care staff.</p> <p>In addition, there is a net outward migration from Devon of people in their 20s and 30s. Higher housing costs and a higher general cost of living in Devon, given uniform national pay scales for NHS staff can make other areas more appealing for NHS staff.</p> <p>Devon has an older population structure and tends to be a net importer of people aged between about 50 and 75. Coupled with the out-migration pattern, this results in an older NHS workforce and higher levels of staff nearing retirement.</p>
Access to Services	<p>The geographic, demographic and financial pressures in Devon make access to services more of a challenge in a large rural county than in other areas of the Country.</p> <p>A dispersed rural population also creates greater challenges for the delivery of emergency care than an urban population, with distance and accessibility major factors.</p>

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- 3.4 Devon has a significantly older population when compared with the rest of the Country. A population of around 770,000 that has been described as 'ageing' but

<sup>1</sup> *The state of care in general practice 2014 to 2017; Findings from CQC's programme of comprehensive inspections of GP practices*, Care Quality Commission, September 2017, p. 6.

<sup>2</sup> JSNA pg25 <http://www.devonhealthandwellbeing.org.uk/jsna/>

<sup>3</sup> STP: Shaping future care in Devon <http://www.devonstp.org.uk/case-for-change/>

<sup>4</sup> Based on Information provided by the Public Health Team

'reasonably healthy'.<sup>5</sup> This ageing population is likely to increase demand for health and care services.<sup>6</sup>

3.5 The spotlight review felt that it was important to stress that whilst there are significant pressures on the system, there is a comprehensive network of services that operate effectively across Devon, this includes:

- **241 pharmacies**
- **137 GP practices**

**In any given month:**

- **28,000 A&E attendances**
- **26,000 calls to NHS 111**
- **19,000 GP Out of Hours Contacts**
- **18,000 ambulance incidents**
- **13,000 emergency admissions to hospital.** <sup>7</sup>

## 4. Workforce

4.1 During initial discussions members identified the value of the workforce in providing exceptional services but also the risk inherent in struggling to recruit or retain staff. One of the catalysts for undertaking this work was the report produced by Exeter University which concluded:

***'A substantial majority of GPs in South West England report low morale. Many are considering career intentions which, if implemented, would adversely impact GP workforce capacity within a short time period.'***<sup>8</sup>

4.2 The spotlight review group was also concerned about staff across the NHS as well as in social care and other areas that are sometimes overlooked such as pharmacists and dentists. Members particularly mentioned newspaper headlines decrying the reduction in recruitment of nurses and other healthcare workers, particularly GPs. The Royal College of General Practitioners' Chair Maureen Baker summarised the challenge as follows:

*'General practice is currently facing intense resource and workforce pressures caused by years of underinvestment in and undervalue of our service'.*

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<sup>5</sup> Devon County Council, 'Public Health Annual Report 2016-17; placed based public health', 2017, p. 16.

<sup>6</sup> Joint Strategic Needs Assessment, 'Devon Overview', <http://www.devonhealthandwellbeing.org.uk/jsna/overview/>, (last accessed 17 October 2017).

<sup>7</sup> Data provided by Devon CCGs

<sup>8</sup> Quitting patient care and career break intentions among general practitioners in South West England: findings of a census survey of general practitioners  
<http://bmjopen.bmj.com/content/7/4/e015853>

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## Recruitment Concerns in general

The number of people in the NHS workforce increased by 2% in the year to April 2017. But growth has been uneven. The staff groups with the highest rates of growth were those who provide support to clinical staff (2.5%), medical consultants (3.5%), and managers and senior managers (4.3%).

While there has been continued growth in hospital-based doctors, the number of full-time equivalent (FTE) GPs has fallen. This comes amid increasing demand pressures in primary care and despite the Government's commitment to grow the number of GPs by 5,000.

The number of FTE nurses employed in the NHS in England fell between April 2016 and April 2017. There were 460 fewer nurses and health visitors in April 2017 compared to a year before, despite rising activity pressures.

The number of nurses per 100,000 people in England is not keeping pace with population growth and declined from 604 in 2009 to 576 by 2016. There has also been a reduction in the number of EU nurses joining the NHS since the EU Referendum. In 2016, nurses were placed on the Shortage Occupation List.

There has been more than 14% increase in nationwide emergency admissions measured from 2010, but the nursing workforce of 2017 is only 0.7 per cent higher than it was in 2010.

Box information sources: <sup>9</sup> <sup>10</sup> <sup>11</sup>

## GPs

- 4.3 General practice accounts for around 90 per cent of all patient contacts in the NHS.<sup>12</sup> It is currently facing serious challenges in other parts of the Country<sup>13</sup>. Rural Services Network Chief Executive Graham Biggs: '*some rural patients have to wait the best part of a month to see a doctor*'. The GP shortage means patients in part of rural Lincolnshire must wait four weeks to see a GP.<sup>14</sup> However the Spotlight Review did not uncover evidence of waiting times of this duration in Devon.

<sup>9</sup> The Health Foundation@ Rising Pressure: the NHS workforce challenge, workforce profile and trends of the NHS in England Oct 2017 [http://reader.health.org.uk/rising-pressure-nhs-workforce-challenge?utm\\_source=The%20King%27s%20Fund%20newsletters&utm\\_medium=email&utm\\_campaign=8824742\\_NEWSL\\_HMP%202017-10-31&dm\\_i=21A8,5957Q,OZZ6MJ,K9D8J,1](http://reader.health.org.uk/rising-pressure-nhs-workforce-challenge?utm_source=The%20King%27s%20Fund%20newsletters&utm_medium=email&utm_campaign=8824742_NEWSL_HMP%202017-10-31&dm_i=21A8,5957Q,OZZ6MJ,K9D8J,1)

<sup>10</sup> The Royal College of Nursing, *RCN Labour Market Review. Unheeded warnings: health care in crisis The UK nursing labour market review 2016*, 21 October 2016, pp. 3-4.

<sup>11</sup> The King's Fund, 'Falling number of nurses in the NHS paints a worrying picture', [https://www.kingsfund.org.uk/blog/2017/10/falling-number-nurses-nhs-paints-worrying-picture?utm\\_source=The%20King%27s%20Fund%20newsletters&utm\\_medium=email&utm\\_campaign=8773922\\_NEWSL\\_HMP%202017-10-17&dm\\_i=21A8,58202,OZZ6MJ,K3SPT](https://www.kingsfund.org.uk/blog/2017/10/falling-number-nurses-nhs-paints-worrying-picture?utm_source=The%20King%27s%20Fund%20newsletters&utm_medium=email&utm_campaign=8773922_NEWSL_HMP%202017-10-17&dm_i=21A8,58202,OZZ6MJ,K3SPT), 12 October 2017 (last accessed 17 October 2017).

<sup>12</sup> *South Devon and Torbay Proactive case management using the community virtual ward and the Devon Predictive Model*, The King's Fund, 2013, p. 6.

<sup>13</sup> 'Map: GP shortages across England', <http://www.gponline.com/map-gp-shortages-across-england/article/1334024>, 17 February 2015 (last accessed 17 October 2017).

<sup>14</sup> 'Shortage of rural doctors puts patients' health at risk', <http://www.rsnonline.org.uk/press-releases/shortage-of-rural-doctors-puts-patients-health-at-risk>, 17 February 2017 (last accessed 17 October 2017).

- 4.4 The spotlight review heard that in the South West:
- 1 in 3 practices have permanently unfilled posts
  - 80% of GPs state that workloads are unmanageable
- 4.5 The discussion in the review was clear that uniform national pay scales for NHS staff, higher housing costs and a higher general cost of living can make Devon less attractive for NHS staff. Net out-migration of Devonians in their 20s and 30s adds to recruitment pressures in Devon.<sup>15</sup> However, The Royal College of General Practitioners (RCGP) has estimated that Devon needs less than a 10% increase in GP numbers by 2020 in order to meet patient demand.<sup>16</sup> The spotlight review heard that if these vacancies are in rural practices they may have a disproportional impact. The spotlight review also heard from witnesses on this issue that the challenges were not in the future but now:
- 'Overall, 7 out of every 10 GPs in this region (The South West) reported a career intention which, if implemented, would adversely impact the GP workforce capacity in South West England through GPs leaving direct patient care, reducing hours spent in direct patient care or by taking a career break within the next 5 years'.<sup>17</sup>*
- 4.6 On the whole GP recruitment would seem to be less pressing in Devon than in some other areas as Members were informed that Devon has not been included in a national incentive scheme for GP training because it has not been identified as a particularly severe area for GP shortages. Whilst there is the opportunity to study medicine in the South West, spotlight review participants underlined how there is strong competition from medical schools throughout the country. Young people may be attracted to more urbanised regions of the UK to study. However, the spotlight review heard that 60% of GPs trained in Devon stay locally (typical of other regions in the UK).

## Nurses, Paramedics and other staff groups

- 4.7 Pressure on recruitment and retention of staff is mirrored in other staff areas across the Country as well. Last year The British Medical Association highlighted: *'69% of UK trusts were recruiting abroad for doctors or nurses. Staff numbers have not kept up with number of new posts and increases in population'.<sup>18</sup>*
- 4.8 The move to degree level training for paramedics means that the talent pool only increases substantially in October.<sup>19</sup> This move happened some time ago for Nursing, but now bursaries are no longer available for Student Nurses to complete training, and Nurses training now are liable for their tuition fees. The spotlight review heard that this has had a significant impact on students starting nursing, particularly mature students. This is likely to be because it is difficult for those people that start a nursing career later in life, to give up paid work to start an unpaid university training course and find the money for tuition fees. The members of the spotlight review felt that the Country should be encouraging nurses to train, not increasing the barriers for them to do so.

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<sup>15</sup> Public Health, Devon County Council, 19 October 2017.

<sup>16</sup> <http://www.gponline.com/map-gp-shortages-across-england/article/1334024>

<sup>17</sup> 'Quitting patient care and career break intentions among general practitioners in South West England: findings of a census survey of general practitioners'  
<http://bmjopen.bmj.com/content/7/4/e015853>

<sup>18</sup> The British Medical Association, 'GP Recruitment Problems Increase', <https://www.bma.org.uk/news/2016/june/gp-recruitment-problems-increase>, 2 June 2016, (last accessed 17 October 2017); BBC News, 'Thousands of NHS nursing and doctor posts lie vacant', <http://www.bbc.co.uk/news/health-35667939>, 29 Feb 2016 (last accessed 17 October 2017).

<sup>19</sup> South Western Ambulance Service, 'Integrated Corporate Performance Report, November 2014', 23 December 2014, p. 10.

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- 4.9 The Devon General Practice Nurse Workforce Strategy has recommended that more support opportunities (such as mentoring) should be provided to support General Practice Nurse trainees on placements.<sup>20</sup>
- 4.10 In 2016, the South Devon Clinical Commissioning Group reported that 90% of the additional staff needed for enhanced intermediate care had been recruited. The only area that has seen difficulty recruiting to was band 6 physiotherapists.<sup>21</sup>

## Dentists

- 4.11 The British Dental Association (BDA) has reported that recruitment of dentists is a significant problem across all UK countries.<sup>22</sup> A study across 600 UK dental practices in 2016 reported that Devon was one of 14 counties experiencing dentist vacancy gaps of more than three months.<sup>23</sup>

### Morale and leaving Concerns

75% of GP partners who responded to a survey by the British Medical Association in 2016 believe that the current responsibilities of being a partner are too heavy. The number of staff leaving the NHS for work-life balance and ill-health issues has risen sharply since 2010.

Almost a quarter of Devon GPs plan to leave the NHS in 5 years. Smaller rural practices with fewer GPs may be hit harder by retirement than larger practices if one of their GPs retires. It is also harder for practices in more remote rural areas to merge together and combine GPs.

Nearly two in five of private/NHS dental practice owners interviewed by the British Dental Association (BDA) in 2016 said they were somewhat, mostly, or completely dissatisfied with their current job.

Nationwide, there are many challenges to the morale of nurses including workload pressures, the public sector pay cap, and public perceptions of nursing. In 2012 there was a public sector pay freeze for those earning above £21,000 per year.

Box information sources: <sup>24 25 26 27 28 29</sup>

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<sup>20</sup> Devon Community Education Provider Network, 'Devon General Practice Nurse Workforce Strategy', 23 May 2017, pp. 13,19.

<sup>21</sup> South West Clinical Senate, *Stage Two Clinical Review Report: Clinical Review of South Devon and Torbay CCG Community Services Transformation*, 14 October 2016, p. 11.

<sup>22</sup> The British Dental Association, 'Evidence to the Review Body on Doctors' and Dentists' Remuneration for 2017/18', September 2016, p. 23.

<sup>23</sup> The British Dental Association, 'Evidence to the Review Body on Doctors' and Dentists' Remuneration for 2017/18', September 2016, p. 23.

<sup>24</sup> The British Medical Association, 'Health service faces GPs exodus', <https://www.bma.org.uk/news/2015/april/health-service-faces-gps-exodus>, 30 June 2016 (last accessed 17 October 2017).

<sup>25</sup> 'RCN Labour Market Review 2016', p. 26.

<sup>26</sup> 'House of Lords Select Committee on the Long-term Sustainability of the NHS', p. 175.

<sup>27</sup> NHS NEW Devon CCG, 'Sustainability & Transformation Plan (STP) Wider Devon', 4 November 2016, p. 5.

<sup>28</sup> BBC News, 'Villages face GP shortage', <http://news.bbc.co.uk/1/hi/england/2336807.stm>, 17 October 2002 (last accessed 17 October 2017).

- 4.12 The spotlight review considered morale and leaving the health and care profession as separate conversations. However, to recognise their interrelated nature they are put together in this report. There are significant concerns about morale across the system, which of course is conflated if posts are unfilled either through recruitment challenges or retirement. Devon's age demographics give a workforce that has a significant portion of people nearing retirement age.
- 4.13 The health profession is also seeing many people take early retirement. The spotlight review considered this and discussed reasons for GPs, in particular, to retire:
- heavy workloads and long hours causing pressure and stress;
  - fear of risk of complaints and court action;
  - poor public perception caused in part by constant criticism by the press;
  - pay cap and increase in pension contributions;
  - the Government's reduction of the Lifetime Allowance 'pension pot' to £1m;
  - a move to Agency work for better pay;
  - a move to Locum work where sessions/workloads can be personally controlled; and
  - Australia offering golden handshakes to attract UK GPs.
- 4.14 Devon has a practice nursing workforce comparable to the rest of the UK, with approximately a third eligible to retire by 2022.<sup>30</sup>

## Current good practice

- 4.15 There are initiatives attempting to address the national concern in these areas. For example, from 2018, GP surgeries in hard-to-recruit-to areas will benefit from a new government scheme that will offer a one-off payment to work in areas of the country where training places have been unfilled for many years. Many of these areas are rural or coastal.<sup>31</sup>
- 4.16 Regarding staffing it is important to balance concern with the challenges with positive steps that are being taken. As outlined in this paper there are significant challenges in Devon over and above those typically faced in other areas. However, the spotlight review also uncovered some excellent and innovative practice (see box below). In 2016, the South Devon Clinical Commissioning Group reported that 90% of the additional staff needed for enhanced intermediate care had been recruited. The only area that has seen difficulty recruiting to was band 6 physiotherapists.<sup>32</sup>
- 4.17 The spotlight review also heard that staff satisfaction surveys within CCGs in Devon recorded positive results.

## Devon Innovations: staffing

➤ The Devon GP, Audits & Care Campaigns have been recognised by the Guardian among general practitioners in South West England, findings of a census survey of general practitioners', *BMJ Open*, p. 9.

➤ 'Devon General Practice Nurse Workforce Strategy', p. 9.

➤ Rural Services Network, '£20,000 'Golden hello' for rural GPs', <https://www.proudtocaredevon.org.uk/>  
<http://www.rshonline.org.uk/services/£20000-golden-hello-for-rural-gps>, 12 October 2017. (last accessed 17 October 2017).

➤ In recognition of the work taking place to attract young people into choosing a caring profession, the Devon 'Proud to Care Campaign' has been mentioned as innovative practice in the National News, October 2016, p. 11.

➤ South Western Ambulance Service Trust (SWAST) runs national recruitment campaigns aimed at recent graduates to encourage paramedics to move to Devon.

➤ Health Education England South West, <https://www.hee.nhs.uk/our-work/education-and-training>

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Box information sources: <sup>33</sup> <sup>34</sup> <sup>35</sup>

## Further work to be done

- 4.18 The Royal College of Nursing has claimed that the approach to training qualified nurses is uncoordinated, with poor workforce planning structures, reductions in the number of training places, and a move away from nursing bursaries to student loans: *'Insufficient numbers of nurses have been trained to meet demand for nurses in the care and independent sectors, creating an undersupply in these areas'*.<sup>36</sup>
- 4.19 Clinical pharmacists work as part of the general practice team to resolve day-to-day medicine issues and treat patients directly. Relative to GPs, the UK has an overproduction of pharmacists. Clinical pharmacists can be used to ease pressure on GPs.<sup>37</sup> However this necessitates trust, visibility and confidence about when the best option is speaking to the local pharmacist.
- 4.20 The spotlight review heard that in Devon there are two pinch points at which personal care workers leave, this is typically at 8 months and 18 months. It is important to need to ensure staff feel valued in the team and society, feel supported in their role and have the opportunity for reflective practice (also reference article from East Kent at <http://www.nhsemployers.org/~media/Employers/Publications/EAST%20KENT%20retention%20case%20study%20FINAL.pdf> )
- 4.21 East Kent Hospitals University Foundation Trust has worked to improve retention of new starters by understanding why many personal care workers left within a year.

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<sup>33</sup> The Guardian, 'why it's difficult to attract younger people into the social care sector: <https://www.theguardian.com/careers/2017/dec/20/why-its-difficult-to-attract-younger-people-into-the-social-care-sector>

<sup>34</sup> Health Education England South West, 'High satisfaction levels for medical training in the south west', <https://www.hee.nhs.uk/hee-your-area/south-west/news-events/news/high-satisfaction-levels-medical-training-south-west>, 7 August 2017 (last accessed 17 October 2017).

<sup>35</sup> Health Education England, 'Education and training: Dentists', <https://www.hee.nhs.uk/hee-your-area/south-west/education-training/dentists>, 29 October 2015 (last accessed 17 October 2017).

<sup>36</sup> *Ibid.*, p. 4.

<sup>37</sup> The British Medical Journal, 'How pharmacists could help save the NHS', [http://careers.bmj.com/careers/advice/How\\_pharmacists\\_could\\_help\\_save\\_the\\_NHS](http://careers.bmj.com/careers/advice/How_pharmacists_could_help_save_the_NHS), 3 December 2014 (last accessed 17 October 2017).

40 % of staff leavers were those who left in their first year. They worked to change the culture and make their staff feel:

- cared for as individuals
- safe, reassured and involved
- teamwork trust and respect at the heart of everything they do
- content that they are making an effort

This included having the right approach to recruitment and induction, good training for recruiting managers and improving organisational culture. In one year the trust went from 40% of leavers being in the first year to 18%<sup>38</sup>.

- 4.22 The spotlight review heard from many providers who have been competing for staff. Where one provider may train a paramedic or a nurse, another may lure them away with less anti-social hours or more pay. What was refreshing to hear in the spotlight review was that some providers were collaborating to retain staff between them. In particular SWAST were developing dual contracts and split shifts to enable talented staff to be employed by two organisations e.g. SWAST and the Fire and Rescue Service. More work clearly needs to be done between agencies to collaborate on shared solutions.
- 4.23 The spotlight review would like to see a collaborative approach taken to encouraging and supporting staff across the local system. From more apprentices to enable young people to have a realistic view of some of the challenges and rewards right through to incentives to retain or reintroduce retirees.

## 5. Prevention

- 5.1 The role of prevention in keeping people well and reducing strain on the system is very important. Much work has been done in Devon by Public Health on preventive initiatives and measures to improve the population's health. However, witnesses at the spotlight review underlined that Devon is the third lowest local authority in terms of public health funding per head or population.
- 5.2 The spotlight review determined that the factors that promote unhealthy lifestyles need to be confronted at a local level to reduce the number of preventable health problems. Poverty (food poverty, fuel poverty) and poor-quality housing (with mould and inadequate heating) were identified as the main factors contributing to preventable health problems. Food poverty might lead to diets that are unhealthy or nutrient deficient, encouraging problems such as diabetes. Exposure to mould can trigger respiratory illness.
- 5.3 Smoking was also identified as a cause of preventable health problems. It was suggested that the culture that encourages smoking and unhealthy eating needs to be confronted. Individuals may be more likely to smoke if their parents smoked or if they come from socially deprived backgrounds.
- 5.4 Although good cycle networks exist in Exeter and parts of Devon, a culture and infrastructure that promotes healthy living (e.g. cycle paths, shops that sell fresh fruit, exercise groups) should continue to be encouraged in Devon.
- 5.5 The spotlight review would like to see more technology (such as smartphone apps) to enable individuals to monitor their health and take more control for their wellbeing.
- 5.6 There are also community solutions such as local walking groups, which can encourage individuals to exercise and take control of their own physical and mental

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<sup>38</sup> NHS Employers, East Kent University Hospitals Foundation Trust: Improving new starter turnover August 2017

<http://www.nhsemployers.org/~media/Employers/Publications/EAST%20KENT%20retention%20case%20study%20FINAL.pdf>

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- health within friendly and motivating environments. However, witnesses to the spotlight review expressed frustration around the fact that there are not currently routes through which GPs can prescribe exercise services or walking groups. There are initiatives promoting access to groups, for example the Active Devon website.<sup>39</sup>
- 5.7 Health Champions are members of pharmacy teams. They provide individuals with advice on health and wellbeing and direct the public to services that will help them to adopt healthier lifestyles. Staff in some pharmacies have been able to build strong relationships with regular customers. It was suggested that Health Champions could have huge potential in encouraging healthy living within communities.
- 5.8 Attention was drawn to the very high number of elderly people in parts of Devon such as Sidmouth. It was identified that loneliness and bereavement are serious problems among elderly populations. There was the concern that many elderly people experiencing loneliness request support from social workers to have company. This ties up resources and adds to the pressures that social workers face. The needs of these elderly people should be met through different channels such as support from friends/volunteers and community organisations such as Age UK.
- 5.9 The spotlight review stressed that loneliness among elderly people is a societal issue. Participants were keen to highlight how it is a misconception that loneliness is a rural problem only. Loneliness is also an urban problem. Changing attitudes towards ageing and raising public awareness of loneliness among the elderly through community organisations is essential. Illfracombe, which includes some of the highest areas of social deprivation in Devon, was praised for having established a supportive community network.

## 6. Access to Services

- 6.1 It was clear in the discussions in the spotlight review that there was some confusion around definitions of what constituted an emergency and access to services. The spotlight review found that this is symptomatic of access to healthcare services where there is often confusion over the best place to go when a person has worrying symptoms. The review group heard that there are many instances where people turn up to A&E when they could have gone to their GP or pharmacy. This is of course a draw on valuable resources and could lead to a reduction in service for true emergencies.
- 6.2 The spotlight review talked about the need for better mental health services before a person was in crisis as well as when they are in crisis. This is particularly an issue for homeless people, who may be homeless because they have a mental health condition. The spotlight review discussed whether there were options for better mental health training for paramedics and other first line responders.

### Access to Emergency Services

- 6.3 Between April and October 2014, the national averages for ambulance trusts in England were all below national target levels.<sup>40</sup>
- 6.4 The King's Fund has argued that national targets and monitoring systems within the NHS remain focused on A&E and the acute sector – greater focus is needed on moving care into the community to reduce pressure on NHS services.<sup>41</sup>
- 6.5 Demand pressures facing the South Western Ambulance Services Foundation Trust (SWASFT) have been replicated nationally. In 2014, all ambulance services reported

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<sup>39</sup> <https://activedevon.org/>

<sup>40</sup> 'Integrated Corporate Performance Report, November 2014', p. 5.

<sup>41</sup> The King's Fund – Written Evidence, Select Committee on the Long-term Sustainability of the NHS, p. 655.

- increases in incident numbers.<sup>42</sup> Ambulance trusts have limited ability to scale up resource levels quickly due to the longer term nature of training and recruitment of additional qualified clinicians. The performances of SWASFT have compared well nationally against other ambulance services - performance for the period April to October 2014 was above the national average for all three performance metrics.<sup>43</sup>
- 6.6 The chair of the Fire and Rescue Service attended the spotlight review and spoke about how the Fire and Rescue Service are often the first responders on a scene, and have to treat emergencies.
- 6.7 In Devon, 80% of the out of hours service is provided by GPs, not blue light services. The use of the 111 service is intended to be a single point of entry to emergency services. However, some people are unaware of the service, or believe that they will go to A&E anyway. This preference is affected by geography, having an easily accessible hospital will promote attendance, where in more rural areas the out of hours GP service may be more likely to be used.
- 6.8 The spotlight review did raise questions about isolated people's ability to access services if they need to travel in an emergency and are unable to do so due to rurality or personal circumstances.

## Non-emergency access to Services

- 6.9 A lower percentage of children in Devon are receiving dental assessments they are entitled to. In 2014/15, 89% of children nationally aged under five were up-to-date with child health surveillance/health promotion checks compared with 63% in Devon (Public Health Devon, 2017).
- 6.10 Approximately 65% of the 151,000 journeys per annum that Community Car Schemes provide in Devon are to and from non-emergency health appointments. This eases pressure on NHS services by reducing the number of missed appointments and helping people stay well and living in their own communities for longer. The schemes rely on volunteers with passenger paying for the drivers vehicle expenses. Schemes receive some DCC funding to help with legal/admin costs. Many of these schemes faced a deficit in 2014-15, a situation that is not helped as the NHS withdraws much of its funding to small charities.

## 7. Conclusion

This spotlight review has taken a snapshot view of some of the challenges in the health and care system that local politicians are concerned about. These circumstances are not unique to Devon and are experienced across the Country. The spotlight review understands that some of the unique characteristics that Devon enjoys contribute to the pressure that the local system is under. The influx of people retiring to Devon and the comparative high house prices combined with national pay scales for NHS staff and low local wages give a higher than average need for services with a lower than average pool of potential staff to draw upon.

A system-wide focus on early intervention and prevention is present within the Sustainability and Transformation Partnership. Financial pressures coupled with a growing and ageing population creates significant pressure on health and care services. This makes the development of new models of care, integrating and a greater focus on early intervention and prevention to reduce future demands on services an absolute necessity.

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<sup>42</sup> *Ibid.*, p. 9.

<sup>43</sup> SWAST 'Integrated Corporate Performance Report, November 2014', p. 9.

<http://www.swast.nhs.uk/Downloads/SWASFT%20downloads/SWASFT%20Corporate%20Performanc e%20Reports/ICPRFebruary2017.pdf>

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The spotlight review understands that the pinch points discussed in this report impact upon the whole system of health and care in complex and multifaceted ways. There are rays of hope however with a great deal of innovation coming from the South West. The spotlight review anticipates that conversations about these prominent challenges will continue through scrutiny as well as through the whole of Devon.

## 8. Sources of evidence

### Witnesses

The Task Group heard testimony from a number of sources and would like to express sincere thanks to the following for their involvement and the information that they have shared as well as to express a desire of continuation of joint work towards the fulfilment of the recommendations in this document.

Organisation	Role	In attendance
DCC	Assistant Director of Public Health	Tracey Polak
DCC	Chief Officer for Adult Care and Health	Jennie Stephens
NEW Devon CCG	Chief Operating Officer	Rob Sainsbury
South Devon and Torbay CCG	Chief Operating Officer	Simon Tapley
South West Ambulance Service NHS Foundation Trust	Head of Resourcing and Organisational Development for Operations Head of Operations (West)	Vicky Evans (am) Steve Boucher (pm)
Devon Local Pharmaceutical Committee	Chair	David Bearman
University of Exeter	Professor of Medical Practice & Primary Care	Professor John Campbell
Livewell South West	Chief Executive	Steve Waite
DCC	Head of the Transport Co-ordination Service	Damien Jones
North Devon Voluntary Services	Devon Access to Services (DASP) Project Manager	Tim Lamerton
Healthwatch	Trustee (Board Member)	John Rom
Sidmouth PPI Group	Chair	Di Fuller
Devon Health and Social Care Forum	Secretary	Elli Pang
Devon & Somerset Fire and Rescue Service	Safeguarding Manager	Mandy Davies
Devon Local Medical Committee	Medical Secretary	Dr Mark Sanford-Wood
Hospiscare	Chief Executive	Glynis Atherton

Organisation	Role	In attendance
Exeter Patient Participation Group / Exeter Primary Care	Chair (Exeter PPG) Chief Executive Officer (Exeter PMC)	Elizabeth Deasy
DCC	Cabinet Member	Cllr Andrew Leadbetter
DCC	Cabinet Member	Cllr Roger Croad

With thanks to Public Health Intelligence team for providing information and insight. Thanks also to Wendy Simpson, Philip Bridge and Stephanie Lewis, from the Democratic Services and Scrutiny Secretariat for research, organisation and facilitation for this spotlight review.

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## 9. Task Group Membership

The Task Group review was chaired by Councillor Brian Greenslade and membership of the Spotlight Review was as follows:

Councillors Sara Randall-Johnson, Claire Wright, Carol Whitton and Rufus Gilbert

## 10. Contact

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## DEVON AND EXETER RAIL PROJECT WORKING PARTY

19 January 2018

Present:-

Devon County Council:

Councillors M Squires (Vice-Chair), Y Atkinson, I Hall, J Hawkins, J Hodgson, J Mathews and N Way

East Devon District Council

Councillor B Bailey

East Devon District Council

Councillor R Longhurst

Mid Devon District Council

Councillor B Deed

Mid Devon District Council

Councillor T Snow

Teignbridge District Council

Councillor J Goodey

Teignbridge District Council

Councillor R Prowse

Torbay Council

Councillor I Doggett

Attending in Accordance with Standing Order 25

Councillors A Davis and B Greenslade

Apologies: -

Councillors K Ball, T Wardle, J Flynn, D Luggar, R Bloxham, A Eastman, D Sellis and C Slade

(COUNCILLOR SQUIRES IN THE CHAIR)

\* 9

**Minutes**

**RESOLVED** that the minutes of the meeting held on 14 July 2017 be signed as a correct record.

\* 10

**Items Requiring Urgent Attention**

There was no item raised as a matter of urgency.

\* 11

**South Western Railway update**

(Councillor Davis (Cabinet Member for Infrastructure Development and Waste) attended in accordance with Standing Order 25(1) and spoke to this item at the invitation of the meeting and Councillor Greenslade attended in accordance with SO 25(2) and spoke to this item).

(Councillor Deed declared a personal interest in this matter by being in receipt of an occupational pension from South Western Rail)

# Agenda Item 15

2

CABINET

DEVON AND EXETER RAIL PROJECT WORKING PARTY- 19/01/18

The Working Party received a presentation from the Head of Planning, Transportation and Environment on the South Western Railway covering on an update on:

- the December 2018 Timetable Consultation: this included the main issue for Devon with the speeding up of trains and whether to drop Woking or Clapham Junction calls and the expectation that new plans via the timetable consultation page would be available on the website later in spring and then final timetables produced in autumn 2018 once they had been reviewed by Network Rail;
- RMT Strikes and there being no news of further dates;
- introduction of additional stakeholder management across SWR;
- Delay Repay had reduced to a 15 minute threshold;
- SWR had won 3 awards at October 2017 Community Rail Awards; and
- SWR Community Rail Conference held on 13th February 2017 in Southampton.

Members indicated their preference for the Woking call to be dropped rather than Clapham Junction which they felt should remain.

## \* 12 Great Western Franchise Renewal

(Councillor Davis (Cabinet Member for Infrastructure Development and Waste) attended in accordance with Standing Order 25(1) and spoke to this item at the invitation of the meeting and Councillor Greenslade attended in accordance with SO 25(2) and spoke to this item).

The Cabinet Member for Infrastructure Development and Waste reported that she was attending to listen to views of the Working Party to help formulate her response to the Consultation on behalf of the Council and local authority partners.

The Working Party received a presentation from the Head of Planning, Transportation and Environment on the consultation on the Great Western Franchise and draft initial views of Devon County Council, subject to approval by the Cabinet Member, covering:

- confirmation by the Department for Transport (DfT) that the current GWR franchise award has been extended from 2019 to March 2020 and was now consulting on a possible further two year extension from 2020 to March 2022 (with an option to extend by a further 2 years to 2024) and that the two year extension would not be taken up if the winning bid did not offer good value for both taxpayer and passengers (reverting to a full new 7 year + franchise competition);
- that the consultation closes on 21<sup>st</sup> February 2018;
- the DfT had issued a 'Request for Proposal' to GWR in mid-2018 and the DfT aimed to secure an agreement on terms of the two year extension towards the end of 2018; and
- the Franchise extension (or new long-term franchise) started in April 2020 but the above dates were challenging and could slip.

Within the consultation there were 18 questions in total and the Meeting focussed on 11 of the most important relating to:

- the potential splitting of the franchise (Q2);
- Adding to or transferring routes from the franchise (Q3);
- Improvements to train frequencies (Q5);
- New stations or lines (Q6);
- Reductions in journey times (Q7);
- Direct services / improved connections (Q8);
- Other train service enhancements (Q10);
- Rolling stock priorities (Q12);
- Accessibility (Q13);
- Station improvements / connections between transport modes (Q14); and
- Priorities for fares and ticketing (Q15)

The proposed County Council response included the following points in respect of the above questions:

Q2: Franchise Split? Key Issues:

- Management focus – but could this be done through business units?
  - Ability to invest in improvements;
  - Cross subsidy;
  - Rolling stock flexibility and the ability to manage disruptions / special events;
  - Complexity of fare structure;
  - Network Rail working with an extra operator;
  - Co-ordination of services including connections;
  - Attractiveness to the bidding market; and
  - Political visibility at national level.
- **Current view:** One franchise but with two business units?

Q3: Adding to or transferring routes from franchise

- Add St James Park (Exeter) to Honiton to complement SWR services / enable half hourly frequency and provide cross city links from Barnstaple / Crediton; and
- Flexibility to allow SWR services to share the Barnstaple / Okehampton route.

Qs 5 &10: Improvements to train frequencies / enhancements

- Paddington – Exeter St David’s semi-fast service to become hourly (2 hourly from December 2018) with possible extensions to Paignton;
- Half hourly frequency between Plymouth and Newton Abbot (December, 2018 proposed 50 minute gap?) with hourly frequency at Ivybridge;
- Half hourly frequency between Exeter and Honiton / Axminster;
- Two hourly Okehampton – Exeter Central with possible extension to Pinhoe (combined half hourly frequency Crediton to Pinhoe with extra service in between);
- Hourly clock face Exmouth – Paignton for longer period Monday - Saturday and Sunday daytime; 15 min frequency to Digby / Newcourt longer term;
- Later train Exeter – Barnstaple Monday - Saturday;
- Hourly service for Cullompton and Wellington if stations were opened at these locations; and
- service long term improvements to Plymouth – Tavistock.

Q6: Proposed New Stations

- Marsh Barton;
- Cullompton;
- Okehampton Parkway;
- Tavistock; and
- Support for Edginswell (Torbay)

Q7: Reducing Journey Times

- Support reducing Paddington – Plymouth / Penzance journey times;
- All ‘fast’ services should still call at Tiverton Parkway, Exeter St David’s and Newton Abbot with some stopping at Totnes (though some Tiverton calls could be replaced by an hourly semi-fast service);
- Introduction of Okehampton / Crediton to Exeter service could enable Barnstaple service to be speeded up by transferring some stops; and
- Hourly ‘local’ Exeter – Honiton / Axminster service could enable Waterloo services to be speeded up by transferring some stops.

# Agenda Item 15

4

CABINET

DEVON AND EXETER RAIL PROJECT WORKING PARTY- 19/01/18

## Q8: Direct Services / Improved Connections

- Retain direct Paddington services for Tiverton Parkway, Newton Abbot and Totnes at similar frequencies to now; and
- Exeter: Cross-city Okehampton / Crediton to Pinhoe and Paignton to Exmouth

## Q12: Rolling Stock

- Short term to 2022/24:
  - Improved reliability of refurbished local fleet;
  - additional units of existing type to support additional services / frequencies as outlined in Qs 5 & 10 and ability to manage older local fleet reliably; and
  - begin procurement process to replace existing local fleet (which would be 35-40 years old) in the new franchise from 2022/24.

## Qs 13 & 14 Stations and Accessibility

- Support the priorities in document;
- Accessibility:
  - Dawlish and Teignmouth ;
  - Starcross (including access to the Exmouth ferry);
  - St Thomas (but possible alternative at Marsh Barton); and
  - Polsoe Bridge
- Other improvements including intermodal connections:
  - St David's forecourt; Pinhoe; Digby & Sowton; Marsh Barton; Newton Abbot; Tiverton Parkway, Barnstaple etc.
  - More focus on the 'last mile' to / from the station e.g. e-bikes.

## Q15: Fares and Ticketing

- Agree with the priorities in document;
- Emphasis on contactless and mobile ticketing;
- Flexible season tickets;
- Combined rail and bus day rangers for Devon, South Devon and Exeter area; and
- Retain and promote the Devon and Cornwall Railcard.

The Chair for the meeting reported representations from Councillor Ball indicating his objection to any split of the franchise, stating that the more lucrative aspects helped to underpin the routes that provided an important connection to communities that would otherwise struggle. He suggested that any split could also have a major detrimental effect on the aspiration of the Devon Metro. He was also cautious about a two-business unit arrangement but that it could be a workable compromise. He was content with the suggestions made for line improvements especially Okehampton / Barnstaple lines and their potential running through onto the SWR line to feed the science park. He also felt that the fast services through the County should be protected and the new franchise should improve this and not reduce them. The other suggestions around new stations were also important.

Members' discussion points with the Head of Service included:

- support for one larger franchise rather than two smaller ones to help achieve economies of scale and associated investment leading to improved services;
- the importance of the reinstatement of a new station at Cullompton and Marsh Barton in particular;
- reference to the need for additional stations to serve growth points in Alphington, Cranbrook and the Airport;
- the need for direct rail links from Barnstaple to London (and or via Exeter); and
- integration in accordance with the greater Exeter Strategic Plan process, including intermodal ticketing and improved access from rural communities.

It was **MOVED** by Councillor Deed, **SECONDED** by Councillor Snow and

**RESOLVED** that the views raised by Officers be endorsed along with emphasis on the points raised above by this Working Party, for consideration and inclusion in the County Council's response.

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### **Next Meeting**

Members discussed future arrangements including ideas around additional informal meetings. This would require further consideration by the Chair, other Members and Officers for report back to the Working Party.

**RESOLVED** that the next meeting be held on Friday, 13 July 2018 at 1.30 pm.

The Meeting started at 1.30 pm and finished at 3.50 pm

# Agenda Item 15

SCHEDULE OF CABINET MEMBER DECISIONS TAKEN SINCE PREVIOUS MEETING		
Cabinet Remit/Officer	Matter for Decision	Effective Date
Children's Services and Schools	Approval of a Section 75 Pooled Fund arrangement for the joint commissioning of a community health and care contract for children	5 February 2018

The Registers of Decisions will be available for inspection at meetings of the Cabinet or, at any other time, in the Democratic Services & Scrutiny Secretariat, during normal office hours. Contact details shown above.

In line with the Openness of Local Government Bodies Regulations 2014, details of Decisions taken by Officers under any express authorisation of the Cabinet or other Committee or under any general authorisation within the Council's Scheme of Delegation set out in Part 3 of the Council's Constitution may be viewed at <https://new.devon.gov.uk/democracy/officer-decisions/>



# DEVON COUNTY COUNCIL

## COUNCIL/CABINET FORWARD PLAN

In line with the public's general rights of access to information and the promotion of transparency in the way which decisions are taken by or on behalf of the Council, Devon County Council produces a Forward Plan of any Key Decisions to be taken by the Cabinet and any Framework Decisions to be made by the County Council. The Plan normally covers a period of a minimum of four months from the date of publication and is updated every month.

The County Council has defined key decisions as those which by reason of their strategic, political or financial significance or which will have a significant effect on communities in more than one division are to be made by the Cabinet or a Committee of the Cabinet. Framework Decisions are those decisions, which, in line with Article 4 of the Council's Constitution must be made by the County Council.

The Cabinet will, at every meeting, review its forthcoming business and determine which items are to be defined as key decisions and the date of the meeting at which every such decision is to be made, indicating what documents will be considered and where, in line with legislation, any item may exceptionally be considered in the absence of the press and public. The revised Plan will be published immediately after each meeting. *Where possible the County Council will attempt to keep to the dates shown in the Plan. It is possible that on occasion may need to be rescheduled.* Please ensure therefore that you refer to the most up to date Plan.

An up to date version of the Plan will available for inspection at the Democratic Services & Scrutiny Secretariat in the Office of the County Solicitor at County Hall, Topsham Road, Exeter (Telephone: 01392 382264) between the hours of 9.30am and 4.30am on Mondays to Thursdays and 9.30am and 3.30pm on Fridays, free of charge, or on the County Council's web site, 'Information Devon', (<http://www.devon.gov.uk/dcc/committee/>) at any time.

Copies of Agenda and Reports of the Cabinet or other Committees of the County Council referred to in this Plan area also on the Council's Website at (<http://www.devon.gov.uk/dcc/committee/mingifs.html>)

# FORWARD PLAN

All items listed in this Forward Plan will be discussed in public at the relevant meeting, unless otherwise indicated for the reasons shown

Any person who wishes to make representations to the Council/Cabinet about (a) any of the matters proposed for consideration in respect of which a decision is to be made or (b) whether or not they are to be discussed in public or private, as outlined below, may do so in writing, before the designated Date for Decision shown, to The Democratic Services & Scrutiny Secretariat, County Hall, Exeter, EX2 4QD or by email to: [members.services@devon.gov.uk](mailto:members.services@devon.gov.uk)

## PART A - KEY DECISIONS

(To Be made by the Cabinet)

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Date of Decision	Matter for Decision	Consultees	Means of Consultation**	Documents to be considered in making decision	County Council Electoral Division(s) affected by matter
	<i>Regular / Annual Matters for Consideration</i>				
February 2018	Admission Arrangements and Education Travel Review: Approval to admission arrangements for subsequent academic year	Schools, GBs and Phase Associations	Formal consultation and Devon Education Forum	Report of the Head of Education and Learning outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
11 April 2018	County Road Highway Maintenance Revenue Budget and On Street Parking Account Allocation of highway maintenance funding allocated by the Council in the budget for the current/forthcoming financial year	N/A	N/A	Report of the Chief Officer for Highways, Infrastructure Development and Waste outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
11 April 2018	County Road Highway Maintenance Capital Budget Update on current years programmes and approval of schemes and proposed programmes for forthcoming financial year	N/A	N/A	Report of the Chief Officer for Highways, Infrastructure Development and Waste outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions

8 February 2019	Target Budget: Target Budget: Impact of the Provisional Local Government Settlement for forthcoming year on the preparation of that year's budget and affirmation/re-affirmation of service expenditure targets	N/A	N/A	Report of the outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
<i>Specific Matters for Consideration</i>					
9 February 2018	Future Arrangements for 0-19 Public Health Nursing Services	Users and Interested Parties	Feedback from Stakeholders, Users / User Groups	Report of the Chief Officer for Communities, Public Health, Environment and Prosperity outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
9 February 2018	Proposal to amalgamate and alter SEN provision at Oaklands Park School and Ratcliffe School, Dawlish	Parents of registered pupils at the schools, school staff, school governors, MP, County Councillors, District Councillors, DfE, schools, Town Council.	Circulation of consultation brochure to all staff, parents and governors, public information session, website, email notifications.	Report of the Head of Planning, Transportation and Environment outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	Dawlish
9 February 2018	Investment in Exeter Science Park [NB: This item may contain information about the financial and business affairs of the Council and/or of a third party, purchaser or provider of property, goods or services that may need to be discussed in the absence of the press and public]	East Devon District Council, Exeter City Council, Exeter University	Meetings	Report of the Chief Officer for Communities, Public Health, Environment and Prosperity outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
Between 14 March 2018 and 11 April 2018	Strategic Intent: Doing What Matters Review of existing Strategic Plan	n/a	n/a	Report of the Chief Executive outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions

14 March 2018	Future Direction of Network Management	n/a	n/a	Report of the Chief Officer for Highways, Infrastructure Development and Waste outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
14 March 2018	Flood Risk Management Action Plan – Update on the current year’s programme and approval of schemes and proposed investment in 2018/19	All other Risk Management Authorities	Liaison through Devon Operational Drainage Group	Report of the Head of Planning, Transportation and Environment outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
14 March 2018	Strategic Review of Special Educational Needs Provision			Report of the Head of Education and Learning outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
14 March 2018	Budget Monitoring: Month 10			Report of the County Treasurer outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
14 March 2018	Accommodation Strategy			Report of the Head of Adult Commissioning and Health outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
14 March 2018	Adult Services Market Sufficiency			Report of the Head of Adult Commissioning and Health outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
14 March 2018	Department for Transport Consultation on Proposals for the creation of a Major Road Network: Devon County Council response	N/A - DCC is a consultee	DfT Consultation	Report of the Head of Planning, Transportation and Environment outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
14 March 2018	Sponsorship of Highway Assets	N/A - Consultations post Cabinet decision	N/A	Report of the Chief Officer for Highways, Infrastructure Development and Waste outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
14 March 2018	Integration Update with NHS	TBC	TBC	Report of the Head of Adult Commissioning and Health outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions

11 April 2018	Transport Capital Programme 2018/19 For approval	Public, HoSW LEP\LTB, District Councils, Stakeholders and Delivery Partners	LTP 2011-2026 consultation, meetings, planning applications and local plan consultation	Report of the Head of Planning, Transportation and Environment outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
Between 11 April 2018 and 9 May 2018	Regional Adoption Agency: Approval to Options Appraisal and Business Case for the interim Devon Single LA Hosted RAA (Minute *181/12 April 2017 refers)	Partner Authorities	Meetings and correspondence	Report of the Head of Children's Social Care (Deputy Chief Officer) outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
11 April 2018	Technology Enabled Care and Support (TECS) Strategy			Report of the Head of Adult Commissioning and Health outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
11 April 2018	Children in Care - Placement Sufficiency	TBC	TBC	Report of the Chief Officer for Childrens Services outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
11 April 2018	Children and Young People Plan Approval to Children & Young People's Plan for 2018 onwards			Report of the Chief Officer for Childrens Services outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
11 April 2018	Sherford Main Street: Approval to appointment of contractor and construction	Community and Stakeholders as part of planning process and Highways England, Plymouth City Council, and South Hams District Council as part of design process.	Community and Stakeholder consultation as part of planning process.	Report of the Head of Planning, Transportation and Environment outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	Bickleigh & Wembury; Ivybridge; South Brent & Yealmpton

11 2018	April	Vision for Adult Social Care			Report of the Head of Adult Commissioning and Health outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
11 2018	April	Update of Adult Social Care Five Year Plan			Report of the Head of Adult Commissioning and Health outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
9 2018	May	Disabilities Delivery Plan			Report of the Head of Adult Commissioning and Health outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions

**PART B -FRAMEWORK DECISIONS**

(Requiring approval of the County Council)

Date of Decision	Matter for Decision	Consultees	Means of Consultation**	Documents to be considered in making decision	County Council Electoral Division(s) affected by matter
<p>15 February 2018</p> <p>15 January 2019</p> <p>14 February 2019</p>	<p>Pay Policy Statement Recommendation to County Council in February of each year to approve, in accordance with the provisions of the Localism Act 2011 of the Councils Annual Pay Policy Statement setting out its policy for each financial year relating to remuneration of Chief Officers and other employees and the relationship between the pay of chief officers and other employees</p>	<p>Appointments &amp; Remuneration Committee</p>	<p>Public Meeting</p>	<p>Report of the outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.</p>	<p>All Divisions</p>
<p>9 February 2018</p> <p>3 February 2018</p>	<p>Revenue Budget, Medium Term Financial Strategy &amp; Capital Programme for next subsequent financial year and beyond</p>	<p>Public, Stakeholders, Trades Unions, Business and Voluntary Sectors and public</p>	<p>Statutory consultations, meetings, fora and public meetings, correspondence and website</p>	<p>Report of the County Treasurer outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.</p>	<p>All Divisions</p>

PART C - OTHER MATTERS (i.e. Neither Key Nor Framework Decisions)					
Date of Decision	Matter for Decision	Consultees	Means of Consultation**	Documents to be considered in making decision	County Council Electoral Division(s) affected by matter
<i>Regular / Annual Matters for Consideration</i>					
Between 9 February 2018 and 31 December 2019	Standing Items, as necessary (Minutes, References from Committees, Notices of Motion and Registers of Delegated or Urgent Decisions)	As necessary		Report of the outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
Between 9 February 2018 and 1 May 2021  Between 9 February 2018 and 1 May 2021	Standing items on the future management, occupation, use and improvement of individual holdings and the estate, monitoring the delivery of the Budget & the Estate Useable Capital Receipts Reserve in line with the approved policy and budget framework <i>[NB: Items relating to the letting or occupancy of individual holdings may contain information about, or which is likely to reveal the identity of, an applicant for a holding and about the financial and business affairs of the Council and any prospective or existing tenant that may need to be discussed in the absence of the press and public]</i>	To be considered at the Farms Estates Committee, including any advice of the Council's Agents NPS South West Ltd		Report of the County Treasurer, Head of Digital Transformation and Business Support outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
9 May 2018	Public Health Annual Report Receipt of statutory annual report on the health of people in Devon by the Director of Public Health.	N/A	JSNA	Report of the Chief Officer for Communities, Public Health, Environment and Prosperity outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
Between 9 May 2018 and 14 June 2018	Approval to Revenue & Capital Outturn, for the preceding financial year	N/A	N/A	Report of the County Treasurer outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions

11 July 2018	Annual Childcare Sufficiency Report: Endorsement of Annual report outlining how the Council is meeting its statutory duty to secure sufficient early years and childcare places and identifying challenges and actions for the coming year in relation	Interested parties and partners and schools and parents		Report of the Head of Education and Learning outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
11 July 2018	Treasury Management Stewardship Outturn Report	Corporate Services Scrutiny Committee	n/a	Report of the County Treasurer outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
14 November 2018	Devon Safeguarding Adults Board Annual Report 2017 To receive the Annual Report of the Devon Safeguarding Adults Board	N/A	N/A	Report of the Democratic Services and Scrutiny Manager outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
12 December 2018	Treasury Management Stewardship - Mid Year Position	N/A	N/A	Report of the County Treasurer outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
<i>Specific Matters for Consideration</i>					

